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THE PSYCHOANALYTIC REVIEW

A JOURNAL DEVOTED TO AN UNDERSTANDING OF HUMAN CONDUCT

VOLUME I

NOVEMBER, 1913

NUMBER I

ORIGINAL ARTICLES

THE THEORY OF PSYCHOANALYSIS

By C. G. Jung, M.D., LL.D.

OF THE UNIVERSITY OF ZÜRICH

INTRODUCTION

In these lectures I have attempted to reconcile my practical experiences in psychoanalysis with the existing theory, or rather, with the approaches to such a theory. Here is my attitude towards those principles which my honored teacher Sigmund Freud has evolved from the experience of many decades. Since I have long been closely connected with psychoanalysis, it will perhaps be asked with astonishment how it is that I am now for the first time defining my theoretical position. When, some ten years ago, it came home to me what a vast distance Freud had already s travelled beyond the bounds of contemporary knowledge of psycho-pathological phenomena, especially the psychology of the complex mental processes, I no longer felt myself in a position to exercise any real criticism. I did not possess the sorry mandarincourage of those people who-upon a basis of ignorance and incapacity—consider themselves justified in "critical" rejections. I thought one must first work modestly for years in such a field before one might dare to criticize. The evil results of premature and superficial criticism have certainly not been lacking. 5 A preponderating number of critics have attacked with as much anger as ignorance. Psychoanalysis has flourished undisturbed

and has not troubled itself one jot or tittle about the unscientific chatter that has buzzed around it. As everyone knows, this tree has waxed mightily, and not in one world only, but alike in Europe and in America. Official criticism participates in the pitiable fate of Proktophantasmist and his lamentation in the Walpurgis-night:

"You still are here? Nay, 'tis a thing unheard! Vanish at once! We've said the enlightening word."

Such criticism has omitted to take to heart the truth that all that exists has sufficient right to its existence: no less is it with psychoanalysis.

We will not fall into the error of our opponents, nor ignore their existence nor deny their right to exist. But then this enjoins upon ourselves the duty of applying a proper criticism, grounded upon a practical knowledge of the facts. To me it seems that psychoanalysis stands in need of this weighing-up from the inside.

It has been wrongly assumed that my attitude denotes a "split" in the psychoanalytic movement. Such a schism can only exist where faith is concerned. But psychoanalysis deals with knowledge and its ever-changing formulations. I have taken William James' pragmatic rule as a plumb-line: "You must bring out of each word its practical cash-value, set it at work within the stream of your experience. It appears less a solution, then, than as a program for more work and more particularly as an indication of the ways in which existing realities may be changed. Theories thus become instruments, not answers to enigmas, in which we can rest. We don't lie back upon them, we move forward, and, on occasion, make nature over again by their aid."

And so my criticism has not proceeded from academic arguments, but from experiences which have forced themselves on me during ten years earnest work in this sphere. I know that my experience in no wise approaches Freud's quite extraordinary experience and insight, but none the less it seems to me that certain of my formulations do present the observed facts more adequately than is the case in Freud's method of statement. At any rate I have found, in my teaching, that the conceptions put

forward in these lectures have afforded peculiar aid in my endeavors to help my pupils to an understanding of psychoanalysis. With such experience I am naturally inclined to assent to the view of Mr. Dooley, that witty humorist of the New York Times, when he says, defining pragmatism: "Truth is truth 'when it works.'" I am indeed very far from regarding a modest and moderate criticism as a "falling away" or a schism; on the contrary, through it I hope to help on the flowering and fructification of the psychoanalytic movement, and to open a path towards the scientific treasures of psychoanalysis for those who have hitherto been unable to possess themselves of psychoanalytic methods, whether through lack of practical experience or through distaste of the theoretical hypothesis.

For the opportunity to deliver these lectures I have to thank my friend Dr. Smith Ely Jelliffe, of New York, who kindly invited me to take part in the "Extension Course" at Fordham University. These lectures were given in September, 1912, in New York.

I must here also express my best thanks to Dr. Gregory, of Bellevue Hospital, for his ready support of my clinical demonstrations.

For the troublesome work of translation I am greatly indebted to my assistant, Miss M. Moltzer, and to Mrs. Edith Eder and Dr. Eder of London.

Only after the preparation of these lectures did Adler's book, "Ueber den nervösen Character," become known to me, in the summer of 1912. I recognize that he and I have reached similar conclusions on various points, but here is not the place to go into a more intimate discussion of the matter; that must take place elsewhere.

CHAPTER I

CONSIDERATION OF EARLY HYPOTHESES

It is not an easy task to speak about psychoanalysis in these days. I am not thinking, when I say this, of the fact that psychoanalysis in general—it is my earnest conviction—is among the most difficult scientific problems of the day. But even when we put this cardinal fact aside, we find many serious difficulties

which interfere with the clear interpretation of the matter. I am not capable of giving you a complete doctrine elaborated both from the theoretical and the empirical standpoint. Psychoanalysis has not yet reached such a point of development, although a great amount of labor has been expended upon it. Neither can I give you a description of its growth ab ovo, for you already have in your country, with its great regard for all the progress of civilization, a considerable literature on the subject. This literature has already spread a general knowledge of psychoanalysis among those who have a scientific interest in it.

You have had the opportunity of listening to Freud, the real explorer and founder of this method, who has spoken in your own country about this theory. As for myself, I have already had the honor of speaking about this work in America. I have discussed the experimental foundation of the theory of complexes and the application of psychoanalysis to pedagogy.

It can be easily understood that under these circumstances I fear to repeat what has already been said, or published in many scientific journals in this country. A further difficulty lies in the fact that in very many quarters there are already prevailing quite extraordinary conceptions of our theory, conceptions which are often absolutely wrong, and unfortunately wrong just in that which touches the very essence of psychoanalysis. At times it seems nearly impossible to grasp even the meaning of these errors, and I am constantly astonished to find any one with a scientific education ever arriving at ideas so divorced from all foundations in fact. Obviously it would be of no importance to cite examples of these curiosities, and it will be more valuable to discuss here those questions and problems of psychoanalysis which really might provoke misunderstanding.

A CHANGE IN THE THEORY OF PSYCHOANALYSIS

Although it has very often been repeated, it seems to be still an unknown fact to many people, that in these last years the theory of psychoanalysis has changed considerably. Those, for instance, who have only read the first book, "Studies in Hysteria," by Breuer and Freud, still believe that psychoanalysis essentially consists in the doctrine that hysteria, as well as other neuroses, has its root in the so-called "traumata," or shocks, of earliest child-

hood. They continue to condemn this theory, and have no idea that it is fifteen years since this conception was abandoned and replaced by a totally different one. This change is of such great importance in the whole development of psychoanalysis, as well for its technique as for its theory, that I must give it in some detail. That I may not weary you with the complete recitation of cases already well known, I will only just refer to those in Breuer and Freud's book, which I shall assume are known to you, for the book has been translated into English.1 You will there have read that case of Breuer's, to which Freud referred in his lectures at Clark University. You will have found that the hysterical symptom has not some unknown organic source, but is based on certain highly emotional psychic events, so-called injuries of the heart, traumata or shocks. I think that now-a-days every careful observer of hysteria will acknowledge from his own experience that, at the root of this disease, such painful events are to be found. This truth was already known to the physicians of former days.

THE TRAUMATIC THEORY

So far as I know it was really Charcot who, probably under the influence of Page's theory of nervous shock, made this observation of theoretical value. Charcot knew, by means of hypnotism, at that time not understood, that hysterical symptoms could be called forth by suggestion as well as made to disappear through suggestion. Charcot believed that he saw something like this in those cases of hysteria caused by accident, cases which became more and more frequent. The shock can be compared with hypnosis in Charcot's sense. The emotion provoked by the shock causes a momentary complete paralysis of will-power, during which the remembrance of the trauma can be fixed as an auto-This conception gives us the original theory of suggestion. psychoanalysis. Etiological investigation had to prove whether this mechanism, or a similar one, was also to be found in those cases of hysteria which could not be called traumatic. This lack of knowledge of the etiology of hysteria was supplied by the discovery of Breuer and Freud. They proved that even in those ordinary cases of hysteria which cannot be said to be caused by

¹ "Selected Papers on Hysteria and Other Psychoneuroses," by Prof. Sigmund Freud. Nervous and Mental Disease Monograph Series, No. 4.

shock the same trauma-element was to be found, and seemed to have an etiological value. It is natural that Freud, a pupil of Charcot, was inclined to suppose that this discovery in itself confirmed the ideas of Charcot. Accordingly the theory elaborated out of the experience of that period, mainly by Freud, received the imprint of a traumatic etiology. The name of trauma-theory is therefore justified; nevertheless this theory had also a new aspect. I am not here speaking of the truly admirable profoundness and precision of Freud's analysis of symptoms, but of the relinquishing of the conception of auto-suggestion, which was the dynamic force in the original theory, and its substitution by a detailed exposure of the psychological and psycho-phisical effects caused by the shock. The shock, the trauma, provokes a certain excitation which, under normal circumstances, finds a natural outlet ("abreagieren"). In hysteria it is only to a certain extent that the excitation does find a natural outlet; a partial retention takes place, the so-called blocking of the affect ("Affecteinklemmung"). This amount of excitation, which can be compared with an amount of potential energy, is transmuted by the mechanism of conversion into "physical" symptoms.

The Cathartic Method.—According to this conception, therapy had to find the means by which those retained emotions could be brought to a mode of expression, thereby setting free from the symptoms that amount of repressed and converted feeling. Hence this was called the cleansing, or cathartic method; its aim was to discharge the blocked emotions. From this it follows that analysis was then more or less closely concerned with the symptoms, that is to say, the symptoms were analyzed—the work of analysis began with the symptoms, a method abandoned to-day. The cathartic method, and the theory on which it is based, are, as you know, accepted by other colleagues, so far as they are interested at all in psychoanalysis, and you will find some appreciation and quotation of the theory, as well as of the method, in several text-books.

THE TRAUMATIC THEORY CRITICIZED

Although, as a matter of fact, the discovery of Breuer and Freud is certainly true, as can easily be proved by every case of hysteria, several objections can be raised to the theory. It must

be acknowledged that their method shows with wonderful clearness the connection between the actual symptoms and the shock, as well as the psychological consequences which necessarily follow from the traumatic event, but nevertheless, a doubt arises as to the etiological significance of the so-called trauma or shock.

It is extremely difficult for any critical observer of hysteria to admit that a neurosis, with all its complications, can be based on events in the past, as it were on one emotional experience long past. It is more or less fashionable at present to consider all abnormal psychic conditions, in so far as they are of exogenic growth, as the consequences of hereditary degeneration, and not as essentially influenced by the psychology of the patient and the environment. This conception is too narrow, and not justified by the facts. To use an analogy, we know perfectly well how to find the right middle course in dealing with the etiology of tuberculosis. There are, of course, cases of tuberculosis where in earliest childhood the germ of the disease falls upon a soil predisposed by heredity, so that even in the most favorable conditions the patient cannot escape his fate. None the less, there are also cases where, under favorable conditions, illness can be prevented, despite a predisposition to the disease. Nor must we forget that there are still other cases without hereditary disposition or individual inclination, and, in spite of this, fatal infection occurs. All this holds equally true of the neuroses, where matters are not essentially different in their method of procedure than they are in general pathology. Neither a theory in which the predisposition is all-important, nor one in which the influence of the environment is all-important, will ever suffice. It is true the shock-theory can be said to give predominance to the predisposition, even insisting that some past trauma is the condition sine qua non of the neurosis. Yet Freud's ingenious empiricism presented even in the "Studies in Hysteria" some views, insufficiently exploited at the time, which contained the elements of a theory that perhaps more accentuates the value of environment than inherited or traumatic predisposition.

THE CONCEPTION OF "REPRESSION"

Freud synthesized these observations in a form that was to extend far beyond the limits of the shock-theory. This concep-

tion is the hypothesis of repression ("Verdrängung"). As you know, by the word "repression" is understood the psychic mechanism of the re-transportation of a conscious thought into the unconscious sphere. We call this sphere the "unconscious" and define it as the psyche of which we are not conscious. The conception of repression was derived from the numerous observations made upon neurotic patients who seemed to have the capacity of forgetting important events or thoughts, and this to such an extent that one might easily believe nothing had ever happened. These observations can be constantly made by anyone who comes into close psychological relations with his patients. As a result of the Breuer and Freud studies, it was found that a very special method was needed to call again into consciousness those traumatic events long since forgotten. I wish to call attention to this fact, since it is decidedly astonishing for a priori we are not inclined to believe that valuable things can ever be forgotten. For this reason several critics object that the reminiscences which have been called into consciousness by certain hypnotic processes are only suggested ones, and do not correspond with reality. Even granting this, it would certainly not be justifiable to regard this in itself as a condemnation of "repression," since there are and have been not a few cases where the fact of repressed reminiscences can be proved by objective demonstration. Even if we exclude this kind of proof, it is possible to test the phenomena by experiment. The associationtests provide us with the necessary experiences. Here we find the extraordinary fact that associations pertaining to complexes saturated with emotion emerge with much greater difficulty into consciousness, and are much more easily forgotten.

As my experiments on this subject were never reëxamined, the conclusions were never adopted, until just lately, when Wilhelm Peters, a disciple of Kraepelin, proved in general my previous observation, namely, that painful events are very rarely correctly reproduced ("die unlustbetonten Erlebnisse werden am seltensten richtig reproduciert").

As you see, the conception rests upon a firm empirical basis. There is still another side of the question worth looking at. We might ask if the repression has its root in a conscious determination of the individual, or do the reminiscences disappear rather

passively without conscious knowledge on the part of the patient? In Freud's works you will find a series of excellent proofs of the existence of a conscious tendency to repress what is painful. Every psychoanalyst will know more than a dozen cases showing clearly in their history one particular moment at least in which the patient knows more or less clearly that he will not allow himself to think of the repressed reminiscences. A patient once gave this significant answer: "Je l'ai mis de côté" (I have put it aside).

But, on the other hand, we must not forget that there are a number of cases where it is impossible for us to show, even with the most careful examination, the slightest trace of conscious repression; in these cases it seems as if the mechanism of repression were much more in the nature of a passive disappearance, or even as if the impressions were dragged beneath the surface by some force operating from below. From the first class of cases we get the impression of complete mental development, accompanied by a kind of cowardice in regard to their own feelings; but among the second class of cases you may find patients showing a more serious retardation of development. The mechanism of repression seems here to be much more an automatic one.

This difference is closely connected with the question I mentioned before—that is, the question of the relative importance of predisposition and environment. The first class of cases appears to be mainly influenced by environment and education; in the other, predisposition seems to play the chief part. It is pretty clear where treatment will have more effect. (As I have already said, the conception of repression contains an element which is in intrinsic contradiction with the shock-theory.) We find, for instance, in the case of Miss Lucy R.,² described by Freud, that the essential etiological moment is not to be found in the traumatic scenes, but in the insufficient readiness of the patient to set store upon the convictions passing through her mind. But if we think of the later views we find in the "Selected Papers on Hysteria," where Freud, forced through further experience, supposes certain traumatic sexual events in early

² Monograph No. 4, p. 14.

³ Ibid.

childhood to be the source of the neurosis, then we get the impression of an incongruity between the conception of repression and that of shock. The conception of "repression" contains the elements of an etiological theory of environment, while the conception of "shock" is a theory of predisposition.

But at first the theory of neurosis developed along the lines of the trauma conception. Pursuing Freud's later investigations, we see him coming to the conclusion that no such positive value can be ascribed to the traumatic events of later life, as their effects could only be conceivable if the particular predisposition of the patient were taken into account. Evidently the enigma was to be resolved just at this point. As the analytical work progressed, the roots of hysterical symptoms were found in childhood; they reached back from the present far into the past. The further end of the chain threatened to get lost in the mists of early childhood. But it was just there that reminiscences appeared of certain scenes where sexual activities had been manifested in an active or passive way, and these were unmistakably connected with the events which provoked the neurosis. (For further details of these events you must consult the works of Freud, as well as the numerous analyses which have already been published.)

THE THEORY OF SEXUAL TRAUMA IN CHILDHOOD

Hence arose the theory of sexual trauma in childhood which provoked bitter opposition, not from theoretical objections against the shock-theory in general, but against the element of sexuality in particular. In the first place, the idea that children might be sexual, and that sexual thoughts might play any part with them, aroused great antagonism. In the second place, the possibility that hysteria had a sexual basis was most unwelcome, for the sterile position that hysteria was either a reflex neurosis of the uterus or arose from lack of sexual satisfaction had just been given up. Naturally, therefore, the real value of Freud's observations was disputed. If criticis had limited themselves to that question, and had not adorned their opposition with moral indignation, a calm discussion would have been possible. In Germany, for instance, this method of attack made it impossible to get any credit for Freud's theory. As soon as the question of sexuality

was touched general resistance, as well as haughty contempt were awakened. But in truth there was but one question at issue: were Freud's observations true or not? That alone could be of importance to a really scientific mind. It is possible that these observations do not seem very probable at first sight, but it is unjustifiable to condemn them a priori as false. Wherever really sincere and thorough investigations have been carried out it has been possible to corroborate his observations. The fact of a psychological chain of consequences has been absolutely confirmed, although Freud's original conception, that real traumatic scenes were always to be found, has not been.

THEORY OF SEXUAL TRAUMA ABANDONED

Freud himself abandoned his first presentation of the shocktheory after further and more thorough investigation. He could no longer retain his original view as to the reality of the sexual shock. Excessive sexuality, sexual abuse of children, or very early sexual activity in childhood, were later on seen to be of secondary importance. You will perhaps be inclined to share the suspicion of the critics that the results derived from analytic researches were based on suggestion. There might be some justification for this view if these assertions had been published broadcast by some charlatan or ill-qualified person. But anyone who has carefully read Freud's works, and has himself similarly sought to penetrate into the psychology of his patients, will know that it is unjust to attribute to an intellect like Freud's the crude mistakes of a journeyman. Such suggestions only redound to the discredit of those who make them. Ever since then patients have been examined by every possible means from which suggestion could be absolutely excluded. And still the associations described by Freud have been proved to be true in principle. We are thus obliged in the first place to regard many of these shocks of early childhood as phantoms, while other traumata have objective reality. With this knowledge, at first somewhat confusing, the etiological importance of the sexual trauma in childhood declines, as it seems now quite irrelevant whether the trauma really took place or not. Experience teaches us that phantasy can be, so to speak, of the same traumatic value as real

shock. In the face of such facts, every physician who treats hysteria will recall cases where the neurosis has indeed been provoked by violent traumatic impressions. This observation is only in apparent contradiction with our knowledge, already referred to, of the unreality of traumatic events in childhood. We know perfectly well that many persons suffer shocks in childhood or in adult life who nevertheless get no neurosis. Therefore the trauma has, ceteris paribus, no absolute etiological importance, but owes its efficacy to the nature of the soil upon which it falls.

THE PREDISPOSITION FOR THE TRAUMA

No neurosis will grow on an unprepared soil where no germ of neurosis is already existing; the trauma will pass by without leaving any permanent and effective mark. From this simple consideration it is pretty clear that, to make it really effective, the patient must meet the shock with a certain internal predisposition. This internal predisposition is not to be understood as meaning that totally obscure hereditary predisposition of which we know so little, but as a psychological development which reaches its apogee and its manifestation at the moment, and even through, the trauma.

I will show you first of all by a concrete case the nature of the trauma and its psychological predisposition. A young lady suffered from severe hysteria after a sudden fright. She had been attending a social gathering that evening and was on her way home at midnight, accompanied by several acquaintances, when a carriage came behind her at full speed. Everyone else drew aside, but she, paralyzed by fright, remained in the middle of the street and ran just in front of the horses. The coachman cracked his whip, cursed and swore without any result. She ran down the whole length of the street, which led to a bridge. There her strength failed her, and to escape the horses' feet she thought, in her extreme despair, of jumping into the water, but was prevented in time by passers-by. This very same lady happened to be present a little later on that bloody day, the 22d of January, in St. Petersburg, when a street was cleared by soldiers' volleys. Right and left of her she saw people dying or falling down badly wounded. Remaining perfectly calm and clear-minded, she caught sight of a gate that gave her escape into another street.

These terrible moments did not agitate her, either at the time, or later on. Whence it must follow that the intensity of the trauma is of small pathogenic importance: the special conditions form the essential factors. Here, then, we have the key by which we are able to unlock at least one of the anterooms to the understanding of predisposition. We must next ask what were the special circumstances in this carriage-scene. The terror and apprehension began as soon as the lady heard the horses' footsteps. It seemed to her for a moment as if these betokened some terrible fate, portending her death or something dreadful. Then she lost consciousness. The real causation is somehow connected with the horses. The predisposition of the patient, who acts thus wildly at such a commonplace occurence, could perhaps be found in the fact that horses had a special significance for her. It might suffice, for instance, if she had been once concerned in some dangerous accident with horses. This assumption does hold good here. When she was seven years old, she was once out on a carriage-drive with the coachman; the horses shied and approached the steep river-bank at full speed. The coachman jumped off his seat, and shouted to her to do the same, which she was barely able to do, as she was frightened to death. Still, she sprang down at the right moment, whilst the horses and carriage were dashed down below.

It is unnecessary to prove that such an event must leave a lasting impression behind. But still it does not offer any explanation for the exaggerated reaction to an inadequate stimulus. Up till now we only know that this later symptom had its prologue in childhood, but the pathological side remains obscure. To solve this enigma we require other experiences. The amnesia which I will set forth fully later on shows clearly the disproportion between the so-called shock and the part played by phantasy. In this case phantasy must predominate to an extraordinary extent to provoke such an effect. The shock in itself was too insignificant. We are at first inclined to explain this incident by the shock that took place in childhood, but it seems to me with little success. It is difficult to understand why the effect of this infantile trauma had remained latent so long, and why it only now came to the surface. The patient must surely have had opportunities enough during her lifetime of getting out of the

way of a carriage going full speed. The reminiscence of the danger to her life seems to be quite insufficiently effective: the real danger in which she was at that one moment in St. Petersburg did not produce the slightest trace of neurosis, despite her being predisposed by an impressive event in her childhood. The whole of this traumatic event still lacks explanation; from the point of view of the shock-theory we are hopelessly in the dark.

You must excuse me if I return so persistently to the shock-theory. I consider this necessary, as now-a-days many people, even those who regard us seriously, still keep to this standpoint. Thus the opponents to psychoanalysis and those who never read psychoanalytic articles, or do so quite superficially, get the impression that in psychoanalysis the old shock-theory is still in force.

The question arises: what are we to understand by this predisposition, through which an insignificant event produces such a pathological effect? This is the question of chief significance, and we shall find that the same question plays an important rôle in the theory of neurosis, for we have to understand why apparently irrelevant events of the past are still producing such effects that they are able to interfere in an impish and capricious way with the normal reactions of actual life.

THE SEXUAL ELEMENT IN THE TRAUMA

The early school of psychoanalysis, and its later disciples, did all they could to find the origin of later effects in the special kind of early traumatic events. Freud's research penetrated most deeply. He was the first, and it was he alone, who discovered that a certain sexual element was connected with the shock. It is just this sexual element which, speaking generally, we may consider as unconscious, and it is to this that the traumatic effect is generally due. The unconsciousness of sexuality in childhood seems to throw a light upon the problem of the persistent constellation of the primary traumatic event. The true emotional meaning of the accident was all along hidden from the patient, so that in consciousness this emotion was never brought into play, the emotion never wore itself out, it was never used up. We might perhaps explain the effect in the following way: this persistent constellation was a kind of "suggestion à échéance,"

for it is unconscious and the action occurs only at the stipulated moment.

It is hardly necessary to give detailed examples to prove that the true nature of sexual manifestations during infancy is not understood. Physicians know, for instance, how often a manifest masturbation persisting up to adult life, especially in women, is not understood as such. It is, therefore, easy to realize that to a child the true nature of certain actions would be far less conscious. And that is the reason why the real meaning of these events, even in adult life, is still hidden from our consciousness. In some cases, even, the traumatic events are themselves forgotten, either because their sexual meaning is quite unknown to the patient, or because their sexual character is inacceptable, being too painful. It is what we call "repressed."

As we have already mentioned, Freud's observation, that the admixture of a sexual element with the shock is essential for any pathological effect, leads on to the theory of the *infantile sexual trauma*.

This hypothesis may be thus expressed: the pathogenic event is a sexual one. This conception forced its way with difficulty. The general opinion that children have no sexuality in early life made such an etiology inadmissible, and at first prevented its acceptance.

THE INFANTILE SEXUAL PHANTASY

The change in the shock-theory already referred to, namely, that in general the shock is not even real, but is essentially a phantasy, did not make things better. On the contrary, still worse, since we are forced to the conclusion that we find in the infantile phantasy at least one positive sexual manifestation. It is no longer some brutal accidental impression from the outside, but a positive sexual manifestation created by the child itself, and this very often with unmistakable clearness. Even real traumatic events of an outspoken sexual type do not always happen to a child quite without its coöperation, but are not infrequently apparently prepared and brought about by the child itself. Abraham stated this, proving his statement with evidence of the greatest interest, and this, in connection with many other experiences of the same kind, makes it very probable that even really

sexual scenes are frequently called forth and supported by the peculiar psychological state of the child's mind. Perfectly independently from psychoanalytic investigation, medical criminology has discovered striking parallels to this psychoanalytic statement.

CHAPTER II

THE INFANTILE SEXUALITY

The precocious manifestations of sexual phantasy as cause of the shock now seemed to be the source of neurosis. This, logically, attributed to children a far more developed sexuality than had been hitherto admitted. Many cases of precocious sexuality had been recorded in literature long before the time of psychoanalysis. For instance, a girl of two years old with normal menstruation, or cases of boys of three and four and five years of age having normal erections, and so far ready for cohabitation. These were, however, curiosities. Great astonishment was caused when Freud began to attribute to the child, not only ordinary sexuality, but even polymorphic perverse sexuality; all this based upon the most exhaustive investigation. People inclined much too lightly to the superficial view, that all this was merely suggested to the patients, and was a highly disputable artificial product. Hence Freud's "Three Contributions to the Sexual Theory" not only provoked opposition, but even violent indignation. It is surely unnecessary to insist upon the fact that science is not furthered by indignation, and that arguments of moral resentment may perhaps please the moralist-that is his business-but not a scientific man, for whom truth must be the guide, and not moral indignation. If matters are really as Freud describes them, all indignation is absurd; if they are not so, again indignation will avail nothing. The conclusion as to what is the truth can only be arrived at on the field of observation and research, and nowhere else. The opponents of psychoanalysis with certain honorable exceptions, display rather ludicrously a somewhat pitifully inadequate realization of the situation. Although the psychoanalytic school could unfortunately learn nothing from their critics, as the criticism took no notice of its investigations, and although it could not get any useful hints, because the psycho-

⁴ No. 7 of the Monograph Series.

analytic method of investigation was, and still is unknown to these critics, it remains a serious duty for our school to explain thoroughly the contrast between the existing conceptions. It is not our endeavor to put forward a paradoxical theory contradicting all existing theories, but rather to introduce a certain category of new observations into science. Therefore we regard it as a duty to do whatever we can to promote agreement. It is true, we must renounce all hope of obtaining the approval of those who blindly oppose us, but we do hope to come to an understanding with scientific men. This will be my endeavor now in attempting to sketch the further intellectual development of the psychoanalytic conception, so far as the so-called sexual theory of the neuroses is concerned.

OBJECTIONS TO THE SEXUAL HYPOTHESIS

As I said, the finding of precocious sexual phantasies, which seemed the source of the neurosis, forced Freud to the view of a highly developed sexuality in infancy. As you know, the reality of this observation has been contested by many, who maintain that crude error, that narrow-minded delusion, misled Freud and his whole school, alike in Europe and in America, so that the Freudians saw things that never existed. They regarded them as people in the grip of an intellectual epidemic. I have to admit that I possess no way of defending myself against criticism of this kind. The only thing I can do is to refer to my own work, asking thoughtful persons if they discover there any clear indications of madness. Moreover, I must maintain that science has no right to start with the idea that certain facts do not exist. At the most one can say: "This seems very improbable-we want still more proofs and more research." This is also our reply to the objection: "It is impossible to discover anything trustworthy by the psychoanalytic method, as this method is practically absurd." No one believed in Galileo's telescope, and Columbus discovered America on a false hypothesis. The psychoanalytic method may be full of errors, but this should not prevent its use. Many chronological and medical observations have been made with inadequate instruments. We must regard the objections to the method as pretexts until our opponents come to grip with the

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facts. It is there a decision must be reached—not by wordy warfare.

Our opponents also call hysteria a psychogenic disease. We believe that we have discovered the etiological determinants of this disease and we present, without fear, the results of our investigation to open criticism. Whoever cannot accept our results should publish his own analyses of cases. So far as I know, that has never been done, at least not in European literature. Under these circumstances, critics have no right to deny our conclusions a priori. Our opponents have likewise cases of hysteria, and those cases are surely as psychogenic as our own. There is nothing to prevent their pointing out the psychological determinants. The method is not the real question. Our opponents content themselves with disputing and reviling our researches, but they do not point out any better way.

Many other critics are more careful and more just, and do admit that we have made many valuable observations, and that the associations of ideas given by the psychoanalytic method will very probably stand, but they maintain that our point of view is wrong. The alleged sexual phantasies of childhood, with which we are here chiefly concerned, must not be taken, they say, as real sexual functions, being obviously something quite different, since at the approach of puberty the characteristic peculiarities of sexuality are acquired.

This objection, being calmly and reasonably made, deserves to be taken seriously. Such objections must also have occurred to every one who has taken up analytic work, and there is reason enough for deep reflection.

THE CONCEPTION OF SEXUALITY

The first difficulty arises with the conception of sexuality. If we take sexuality as meaning the fully-developed function, we must confine this phenomenon to maturity, and then, of course, we have no right to speak of sexuality in childhood. If we so limit our conception, then we are confronted again with new and much greater difficulties. The question arises, how then must we denominate all those correlated biological phenomena pertaining to the sexual functions sensu striction, as, for instance, pregnancy,

childbirth, natural selection, protection of the offspring, etc. It seems to me that all this belongs to the conception of sexuality as well, although a very distinguished colleague did once say, "Childbirth is not a sexual act." But if these things do pertain to this concept of sexuality, then there must also belong innumerable psychological phenomena. For we know that an incredible number of the pure psychological functions are connected with this sphere. I shall only mention the extraordinary importance of phantasy in the preparation for the sexual function. Thus we arrive rather at a biological conception of sexuality, which includes both a series of psychological phenomena as well as a series of physiological functions. If we might be allowed to make use of an old but practical classification, we might identify sexuality with the so-called instinct of the preservation of the species, as opposed in some way to the instinct of self-preservation.

Looking at sexuality from this point of view, we shall not be astonished to find that the root of the instinct of race-preservation, so extraordinarily important in nature, goes much deeper than the limited conception of sexuality would ever allow. Only the more or less grown-up cat actually catches mice, but the kitten plays at least as if it were catching mice. The young dog's playful indications of attempts at cohabitation begin long before puberty. We have a right to suppose that mankind is no exception to this rule, although we do not notice similar things on the surface in our well brought-up children. Investigation of the children of the lower classes proves that they are no exceptions to the biological rule. It is of course infinitely more probable that this most important instinct, that of the preservation of the race, is already nascent in the earliest childhood, than that it falls at one swoop from heaven, full-fledged, at the age of puberty. The sexual organs also develop long before the slightest sign of their future function can be noticed. Where the psychoanalytic school speaks of sexuality, this wider conception of its function must be linked to it, and we do not mean simply that physical sensation and function generally designated by the term sexual. It might be said that, in order to avoid any misunderstanding on this point, the term sexuality should not be given to these preparatory phenomena in childhood. This demand is surely not justified, since the anatomical nomenclature is taken from the

fully-developed system, and special names are not generally given to more or less rudimentary formations.

After all, the objections to the terminology do not spring so much from objective arguments, as from those tendencies which lie at the base of moral indignation. But then no objection can be made to the sex-terminology of Freud, as he rightly gives to the whole sexual development the general name of sexuality. But certain conclusions have been drawn which, so far as I can see, cannot be maintained.

THE "SEXUALITY" OF THE SUCKLING

When we examine how far back in childhood the first traces of sexuality reach, we have to admit implicitly that sexuality already exists ab ovo, but only becomes manifest a long time after intrauterine life. Freud is inclined to see in the function of taking the mother's breast already a kind of sexuality. Freud was bitterly reproached for this view, but it must be admitted that it is very ingenious, if we follow his hypothesis, that the instinct of the preservation of the race has existed separately from the instinct of self-preservation ab ovo and has undergone a separate development. This way of thinking is not, however, a biological one. It is not possible to separate the two ways of manifestation of the hypothetical vital process, and to credit each with a different order of development. If we limit ourselves to judging by what we can actually observe, we must reckon with the fact that everywhere in nature we see that the vital processes in an individual consist for a considerable space of time in the functions of nutrition and growth only. We see this very clearly in many animals; for instance, in butterflies, which as caterpillars pass an asexual existence of nutrition and growth. To this stage of life we may allot both the intrauterine life and the extrauterine time of suckling in man. This time is marked by the absence of all sexual function; hence to speak of manifest sexuality in the suckling would be a contradictio in adjecto.

The most we can do is to ask if, among the life-functions of the suckling, there are any that have not the character of nutrition, or of growth, and hence could be termed sexual. Freud points out the unmistakable emotion and satisfaction of the child while suckling, and compares this process with that of the sexual

act. This similarity leads him to assume the sexual quality in the act of suckling. This conclusion is only admissible if it can be proved that the tension of the need, and its gratification by a release, is a sexual process. That the act of suckling has this emotional mechanism proves, however, just the contrary. Therefore we can only say this emotional mechanism is found both in nutrition and in the sexual function. If Freud by analogy deduces the sexual quality of sucking from this emotional mechanism, then his biological empiricism would also justify the terminology qualifying the sexual act as a function of nutrition. This is unjustifiably exceeding the bounds in either case. It is evident

that the act of sucking cannot be qualified as sexual.

We are aware, however, of functions in the suckling stage which have apparently nothing to do with the function of nutrition, such as sucking the finger, and its many variations. This is perhaps the place to discuss whether these things belong to the sexual sphere. These acts do not subserve nutrition, but produce pleasure. Of that there is no doubt, but nevertheless it is disputable whether this pleasure which comes by sucking should be called by analogy a sexual satisfaction. It might be called equally pleasure by nutrition. This latter qualification has even the further justification that the form and kind of pleasure belong entirely to the function of nutrition. The hand which is used for sucking finds in this way preparation for future use in feeding one's self. Under these circumstances nobody will be inclined by a petitio principii to characterize the first manifestation of human life as sexual. The statement which we make that the act of sucking is attended by a feeling of satisfaction leaves us in doubt whether the sucking does contain anything else but the character of nutrition. We notice that the so-called bad habits shown by a child as it grows up are closely linked with early infantile sucking, such for instance as putting the finger in the mouth, biting the nails, picking the nose, ears, etc. We see, too, how closely these habits are connected with later masturbation. By analogy, the conclusion that these infantile habits are the first step to onanism, or to actions similar to onanism, and are therefore of a well-marked sexual character cannot be denied: it is perfectly justified. I have seen many cases in which a correlation existed between these childish habits and later masturbation. If

this masturbation takes place in later childhood, before puberty, it is nothing but an infantile bad habit. From the fact of the correlation between masturbation and the other childish bad habits, we conclude that these habits have a sexual character, in so far as they are used to obtain physical satisfaction from the child's own body.

This new standpoint is comprehensible and perhaps necessary. It is only a few steps from this point of view to regarding the infant's act of sucking as of a sexual character. As you know, Freud took the few steps, but you have just heard me reject them. We have come to a difficulty which is very hard to solve. It would be relatively easy if we could accept two instincts side by side, each an entity in itself. Then the act of sucking the breast would be both an action of nutrition and a sexual act. This seems to be Freud's conception. We find in adults the two instincts separated, yet existing side by side, or rather we find that there are two manifestations, in hunger, and in the sexual instinct. But at the sucking age, we find only the function of nutrition, rewarded by both pleasure and satisfaction. Its sexual character can only be argued by a petitio principii, for the facts show that the act of sucking is the first to give pleasure, not the sexual function. Obtaining pleasure is by no means identical with sexuality. We deceive ourselves if we think that in the suckling both instincts exist side by side, for then we project into the psyche of the child the facts taken from the psychology of adults. The existence of the two instincts side by side does not occur in suckling, for one of these instincts has no existence as yet, or, if existing, is quite rudimentary. If we are to regard the striving for pleasure as something sexual, we might as well say paradoxically that hunger is a sexual striving, for this instinct seeks pleasure by satisfaction. If this were true, we should have to give our opponents permission to apply the terminology of hunger to sexuality. It would facilitate matters, were it possible to maintain that both instincts existed side by side, but it contradicts the observed facts and would lead to untenable consequences.

Before I try to resolve this opposition, I must first say something more about Freud's sexual theory, and its transformations.

THE POLYMORPHIC PERVERSE SEXUALITY OF INFANCY

We have already reached the conclusion, setting out from the idea of the shock being apparently due to sexual phantasies, that the child must have, in contradiction to the views hitherto prevailing, a nearly fully formed sexuality, and even a polymorphic perverse sexuality. Its sexuality does not seem concentrated on the genital functions or on the other sex, but is occupied with its own body; whence it is said to be auto-erotic. If its sexual instinct is directed to another person, no distinction, or but the very slightest, is made as to sex. It can, therefore, be very easily homo-sexual. In place of non-existing local sexual function there exists a series of so-called bad habits, which from this standpoint look like a series of perversities, since they have the closest analogy with the later perversities. In consequence of this way of regarding the subject, sexuality, whose nature is ordinarily regarded as a unit, becomes decomposed into a multiplicity of isolated striving forces. Freud then arrived at the conception of the so-called "erogenous zones," by which he understood mouth, skin, anus, etc. (It is, of course, a universal tacit presumption that sexuality has its origin in the sexual organs.)

The term "erogenous zone" reminds us of "spasmo-genic zones," and the underlying image is at all events the same; just as the spasmo-genic zone is the place whence the spasm arises, so the erogenous zone is the place whence arises an affluent to sexuality. Based upon the model of the genital organs as the anatomical origin of sexuality, the erogenous zones must be conceived as being so many genitals out of which the streams of sexuality flow together. This is the condition of the polymorphic perverse sexuality of childhood. The expression "perverse" seems to be justified by the close analogy with the later perversities which present, so to speak, but a new edition of certain early infantile perverse habits. They are very often connected with one or other of the different erogenous zones, and are the cause of those exchanges in sex, which are so characteristic for childhood.

According to this view, the later normal and monomorphic sexuality is built up out of several components. The first division is into homo- and hetero-sexual components, to which is linked an auto-erotic component, as also there are components of

the different erogenous zones. This conception can be compared with the position of physics before Robert Mayer, when only isolated forces, having elementary qualities, were recognized, whose interchanges were little understood. The law of the conservation of energy brought order into the inter-relationship of the forces, at the same time abolishing the conception of those forces as absolute elements, but regarding them as interchangeable manifestations of one and the same energy.

THE SEXUAL COMPONENTS AS ENERGIC MANIFESTATIONS

Conceptions of great importance do not arise only in one brain, but are floating in the air and dip here and there, appearing even under other forms, and in other regions, where it is often very difficult to recognize the common fundamental idea. Thus it happened with the splitting up of sexuality into the polymorphic perverse sexuality of childhood.

Experience forces us to accept a constant exchange of isolated components as we notice more and more that, for instance, perversities exist at the expense of normal sexuality, or that the increase of certain kinds of sex-manifestations causes corresponding deficiencies of another kind. To make the matter clearer, let me give you an instance: A young man had a homo-sexual phase lasting for some years, during which time women had no interest for him. This abnormal condition changed gradually toward his twentieth year and his erotic interest became more and more normal. He began to take great interest in girls, and soon the last traces of his homo-sexuality were conquered. This condition lasted several years, and he had some successful love-affairs. Then he wished to get married; he had here to suffer a great disappointment, as the girl to whom he proposed refused him. During the ensuing phase he absolutely abandoned the idea of marriage. After that he experienced a dislike of all women, and one day he discovered that he was again perfectly homo-sexual, that is, young men had an unusually irritating influence upon him. To regard sexuality as composed of a fixed hetero-sexual component, and a like homo-sexual element, will never suffice to explain this case, for the conception of the existence of fixed components excludes any kind of transformation.

To understand the case, we have to admit a great mobility of the sexual components, which even goes so far that one of the components can practically disappear completely, whilst the other comes to the front. If only substitution took place, if for instance the homo-sexual component entered the unconscious, leaving the field of consciousness to the hetero-sexual component, modern scientific knowledge would lead us to conclude that equivalent effects arose from the unconscious sphere. Those effects would have to be conceived as resistances against the activity of the hetero-sexual component, as a repugnance towards women.

Experience tells us nothing about this. There have been some small traces of influences of this kind, but of such slight intensity that they cannot be compared with the intensity of the former homo-sexual component. On the conception that has been outlined, it is also incomprehensible how this homo-sexual component, regarded as so firmly fixed, can ever disappear without leaving active traces. To explain things, the process of development is called in, forgetting that this is only a word and explains nothing. You see, therefore, the urgent necessity of an adequate explanation of such a change of scene. For this we must have a dynamic hypothesis. Such commutations are only conceivable as dynamic or energic processes. I cannot conceive how manifestations of functions can disappear if I do not accept a change in the relation of one force to another. Freud's theory did have regard to this necessity in the conception of components. The presumption of isolated functions existing side by side began to be somewhat weakened, more in practice than theoretically. It was replaced by an energic conception. The term chosen for this conception is "libido:"

CHAPTER III

THE CONCEPTION OF LIBIDO

Freud had already introduced the idea of libido in his⁵ "Three Contributions to the Sexual Theory" in the following words:

"In biology, the fact that both mankind and animals have a sexual want is expressed by the conception of the sexual desire. This is done by analogy with the want of nourishment, so-called

⁵ No. 7 of the Monograph Series.

hunger. Popular speech has no corresponding characterization for the word "hunger," and so science uses the word "libido."

In Freud's definition, the term "libido" appears as exclusively a sexual desire. "Libido" as a medical term is certainly used for sexual desire, and especially for sexual lust. But the classical definition of this word as found in Cicero, Sallust, and others, was not so exclusive. The word is there used in a more general sense for every passionate desire. I only just mention this definition here, as further on it plays an important part in our considerations, and as it is important to know that the term "libido" has really a much wider meaning than is associated with it through medical language.

The idea of libido (while maintaining its sexual meaning in the author's sense as long as possible) offers us the dynamic value which we are seeking in order to explain the shifting of the psychological scenery. With this conception it is much simpler to formulate the phenomena in question, instead of by the incomprehensible substitution of the homo- by the hetero-sexual component. We may say now that the libido has gradually withdrawn from its homo-sexual manifestation and is transferred in the same measure into a hetero-sexual manifestation. Thus the homosexual component practically disappears. It remains only an empty possibility, signifying nothing in itself. Its very existence, therefore, is rightly denied by the laity, just as we doubt the possibility that any man selected at random would turn out to be a murderer. By the use of this conception of libido many relations between the isolated sexual functions are now easily explicable.

The early idea of the multiplicity of sexual components must be given up: it savors too much of the ancient philosophical notion of the faculties of the mind. Its place is taken by libido which is capable of manifold applications. The earlier components only represent possibilities of activities. With this conception of libido, the original idea of a divided sexuality with different roots is replaced by a dynamic unity, without which the formerly important components remain but empty possibilities of activities. This development in our conception is of great importance. We have here the same process which Robert Mayer introduced into dynamics. Just as the conception of the con-

servation of energy removed their character as elements from the forces, imparting to them the character of a manifestation of energy, so the libido theory similarly removes from the sexual components the idea of the mental "faculties" as elements ("Seelen Vermögen"), and ascribes to them merely phenomenal value. This conception represents the impression of reality far more than the theory of components. With a libido-theory we can easily explain the case of the young man. The disappointment he met with, just at the time he had definitely decided on a hetero-sexual life, drove his libido again from the hetero-sexual manifestation into a homo-sexual form, thus calling forth his entire homo-sexuality.

THE ENERGIC THEORY OF LIBIDO

I must point out here that the analogy with the law of the conservation of energy is very close. In both cases the question arises when an effect of energy disappears, where is this energy meanwhile, and where will it reemerge? Applying this point of view as a heuristic principle to the psychology of human conduct, we shall make some astonishing discoveries. Then we shall see how the most heterogeneous phases of individual psychological development are connected in an energic relationship. Every time we see a person who is splenetic or has a morbid conviction, or some exaggerated mental attitude, we know here is too much libido, and the excess must have been taken away from somewhere else where there is too little. From this standpoint, psychoanalysis is that method which discovers those places or functions where there is too little or too much libido, and restores the just proportions. Thus the symptoms of a neurosis must be considered as exaggerated and correspondingly disturbed functional manifestations overflowing with libido. The energy which has been used for this purpose has been taken away from somewhere else, and it is the task of the psychoanalyst, to restore it whence it was taken, or to bestow it where it was never before given. Those complexes of symptoms which are mainly characterized by lack of libido, for instance, the so-called apathetic conditions, force us to reverse the question. Here we have to ask, where did the libido go? The patient gives us the impression of having no

libido, and there are occasionally physicians who believe exactly what the patients tell them. Such physicians have a primitive way of thinking, like the savage who believes, when he sees an eclipse of the sun, that the sun has been swallowed up and put to death. But the sun is only hidden, and so it is with these patients. Although the libido is there, it is not get-at-able, and is inaccessible to the patient himself. Superficially, we have here a lack of libido. It is the task of psychoanalysis to search for that hidden place where the libido dwells, and where it is as a rule inaccessible to the patient. The hidden place is the nonconscious, which may also be called the unconscious, without ascribing to it any mysterious significance.

THE CONCEPTION OF UNCONSCIOUS PHANTASY

Psychoanalytic experience has taught us that there are nonconscious systems which, by analogy with conscious phantasies, can be described as phantasy-systems of the unconscious. In cases of neurotic apathy these phantasy systems of the unconscious are the objects of the libido. We know well that, when we speak of unconscious phantasy systems, we only speak figuratively. We do not mean more by this than that we accept as an indispensable postulate the conception of psychic entities existing outside consciousness. Experience teaches us, we might say daily, that there are unconscious psychic processes which influence the disposition of the libido in a perceptible way. Those cases, known to every psychiatrist in which complicated symptoms of delusions emerge with relative great suddenness, show clearly that there must be unconscious psychic development and preparation, for we cannot regard them as having been just suddenly formed when they entered consciousness.

THE SEXUAL TERMINOLOGY

I feel myself justified in making this digression concerning the unconscious. I have done it to point out that, with regard to shifting of the manifestations of the libido, we have to deal not only with the conscious, but also with another factor, the unconscious, whither the libido sometimes disappears. We have not yet followed up the discussion of the further consequences which result from the adoption of the libido-theory.

Freud has taught us, and we see it in the daily practice of psychoanalysis, that in earlier childhood, instead of the normal later sexuality, we find many tendencies which in later life are called perversions. We have to admit that Freud has the right to give to these tendencies a sexual terminology. Through the introduction of the conception of the libido, we see that in adults those elementary components which seemed to be the origin and the source of normal sexuality, lose their importance, and are reduced to mere potentialities. The effective power, their life force, is to be found in the libido. Without libido these components mean nothing. We saw that Freud gives to the conception of libido an undoubted sexual definition, somewhat in the sense of sexual desire. The general view is, that libido in this sense only comes into being at the age of puberty. How are we then to explain the fact that in Freud's view a child has a polymorphic-perverse sexuality, and that therefore, in children, the libido brings into action not only one, but several possibilities? If the libido, in Freud's sense, begins its existence at puberty, it could not be held accountable for earlier infantile perversions. In that case, we should have to regard these infantile perversions as "faculties of the mind," in the sense of the theory of components. Apart from the hopeless theoretical confusion which would thus arise, we must not multiply explanatory principles in accordance with the philosophical axiom: "principia praeter necessitatem non sunt multiplicanda."

There is no other way but to agree that before and after puberty it is the same libido. Hence, the perversities of childhood have arisen exactly in the same way as those of adults. Common sense will object to this, as obviously the sexual needs of children cannot possibly be the same as those of adults. We might admit, with Freud, that the libido before and after puberty is the same, but is different in its intensity. Instead of the intense post-pubertal sexual desire, there would be first a slight sexual desire in childhood, with diminishing intensity until, as we reach back to the first year, it is but a trace. We might admit that we are biologically in agreement with this formulation. It would then have to be also agreed that everything that falls into the region of this enlarged conception of sexuality is already pre-existing but in miniature; for instance, all those emotional mani-

festations of psycho-sexuality: desire for affection, jealousy, and many others, and by no means least, the neuroses of childhood.

It must, however, be admitted that these emotional manifestations of childhood by no means make the impression of being in miniature; their intensity can rival that of an affect among adults. Nor must it be forgotten that experience has shown that perverse manifestations of sexuality in childhood are often more glaring, and indeed seem to have a greater development, than in adults. If an adult under similar conditions had this apparently excessive form of sexuality, which is practically normal in children, we could rightly expect a total absence of normal sexuality, and of many other important biological adaptations. An adult is rightly called perverse when his libido is not used for normal functions, and the same could be said of a child: it is polymorphous perverse since it does not know normal sexual functions.

These considerations suggest the idea that perhaps the amount of libido is always the same, and that no increase first occur at puberty. This somewhat audacious conception accords with the example of the law of the conservation of energy, according to which the quantity of energy remains always the same. It is possible that the summit of maturity is reached when the infantile diffuse applications of libido discharge themselves into the one channel of definite sexuality, and thus lose themselves therein. For the moment we must content ourselves with these suggestions, for we must next pay attention to one point of criticism concerning the quality of the infantile libido.

Many critics do not admit that the infantile libido is simply less intense or is essentially of the same kind as the libido of adults. The emotions among adults are correlated with the genital functions. This is not the case in children, or it is only so in miniature, or exceptionally, and this gives rise to an important distinction, which must not be undervalued.

I believe such an objection is justified. There is really a considerable difference between immature and fully developed functions, as there is a difference between play and reality, between shooting with blank and with loaded cartridges. That the childish libido has the harmlessness demanded by common sense cannot be contested. But of course none can deny that blank

shooting is shooting. We must get accustomed to the idea that sexuality really exists, even before puberty, right back in early childhood, and that we have no right to pretend that manifestations of this immature sexuality are not sexual. This does not indeed refute the objection, which, while recognizing the existence of infantile sexuality in the form already described, yet denies Freud's claim to regard as sexual early infantile manifestations such as sucking. We have mentioned already the motives which induced Freud to enlarge the sexual terminology in such a way. We mentioned, too, how this very act of sucking, for instance, could be conceived from the standpoint of pleasure in the function of nutrition, and that, on biological grounds, there was more justification for this derivation than for Freud's view. It might be objected that these and similar activities of the oral zones are found in later life in an undoubted sexual use. This only means that these activities can in later life be used for sexual purposes, but that does not tell us anything concerning the primitive sexual nature of these forms. I must, therefore, admit that I find no ground for regarding the activities of the suckling, which provoke pleasure and satisfaction, from the standpoint of sexuality. Indeed there are many objections against this conception. It seems to me, in so far as I am capable of judging these difficult problems, that from the standpoint of sexuality it is necessary to divide human life into three phases.

THE THREE PHASES OF LIFE

The first phase embraces the first years of life. I call this part of life the pre-sexual stage. These years correspond to the caterpillar-stage of butterflies, and are characterized almost exclusively by the functions of nutrition and growth.

The second phase embraces the later years of childhood up to puberty, and might be called the pre-pubertal stage.

The third phase is that of riper years, proceeding only from puberty onwards, and could be called the time of maturity.

You cannot have failed to notice that we become conscious of the greatest difficulty when we arrive at the question at what age we must put the limit of the pre-sexual stage. I am ready to confess my uncertainty with regard to this problem. If I survey the psychoanalytical experiences with children, as yet insuffi-

ciently numerous, at the same time keeping in mind the observations made by Freud, it seems to me that the limit of this phase lies between the third and fifth years. This, of course, with due consideration for the greatest individual diversities. From various aspects this is an important age. The child has emancipated itself already from the helplessness of the baby, and a series of important psychological functions have acquired a firm hold. From this period on, the obscurity of the early infantile "amnesia," or the discontinuity of the early infantile consciousness, begins to clear up through the sporadic continuity of memory. It seems as if, at this age, a considerable step had been made towards emancipation and the formation of a new and independent personality. As far as we know, the first signs of interest and activity which may fairly be called sexual fall into this period, although these sexual indications have still the infantile characteristics of harmlessness and naiveté. I think I have sufficiently demonstrated why a sexual terminology cannot be given to the pre-sexual stage, and so we may now consider the other problems from the standpoint we have just reached. You will remember that we dropped the problem of the libido in childhood, because it seemed impossible to arrive at any clearness in that way. But now we are obliged to take up the question again, if only to see whether the energic conception harmonizes with the principles just advanced. We saw, following Freud's conception, that the altered manifestations of the infantile sexuality, if compared with those of maturity, are to be explained by the diminution of sexuality in childhood.

THE SEXUAL DEFINITION OF LIBIDO MUST BE ABANDONED

The intensity of the libido is said to be diminished relatively to the early age. But we advanced just now several considerations to show why it seems doubtful if we can regard the vital functions of a child, sexuality excepted, as of less intensity than those of adults. We can really say that, sexuality excepted, the emotional phenomena, and, if nervous symptoms are present, then these likewise are quite as intense as those of adults. On the energic conception of the libido all these things are but manifestations of the libido. But it becomes rather difficult to conceive

that the intensity of the libido can ever constitute the difference between a mature and an immature sexuality. The explanation of this difference seems rather to postulate a change in the localization of the libido (if the expression be allowed). In contradistinction to the medical definition the libido in children is occupied far more with certain side-functions of a mental and physiological nature than with local sexual functions. One is here already tempted to remove from the term libido the predicate "sexualis," and thus to have done with the sexual definition of the term given in Freud's "Three Contributions." necessity becomes imperative, when we put it in the form of a question: The child in the first years of its life is intensely living-suffering and enjoying-the question is, whether his striving, his suffering, his enjoyment are by reason of his libido sexualis? Freud has pronounced himself in favor of this supposition. There is no need to repeat the reasons through which I am compelled to accept the pre-sexual stage. The larva stage possesses a libido of nutrition, if I may so express it, but not yet the libido sexualis. It is thus we must put it, if we wish to keep the energic conception which the libido theory offers us. I think there is nothing for it but to abandon the sexual definition of libido, or we shall lose what there is valuable in the libido theory, that is, the energic conception. For a long time past the desire to extend the meaning of libido, and to remove it from its narrow and sexual limitations, has forced itself upon Freud's school. One was never weary of insisting that sexuality in the psychological sense was not to be taken too literally, but in a broader connotation; but exactly how, that remained obscure, and thus too, sincere criticism remained unsatisfied.

I do not think I am going astray if I see the real value of the libido theory in the energic conception, and not in its sexual definition. Thanks to the former, we are in possession of a most valuable heuristic principle. We owe to the energic conception the possibility of dynamic ideas and relationships, which are of inestimable value for us in the chaos of the psychic world. The Freudians would be wrong not to listen to the voice of criticism, which reproaches our conception of libido with mysticism and inaccessibility. We deceived ourselves in believing that we could ever make the libido sexualis the bearer of the energic conception

of the psychical life, and if many of Freud's school still believe they possess a well-defined and almost complete conception of libido, they are not aware that this conception has been put to use far beyond the bounds of its sexual definition. The critics are right when they object to our theory of libido as explaining things which cannot belong to its sphere. It must be admitted that Freud's school makes use of a conception of libido which passes beyond the bounds of its primary definition. Indeed, this must produce the impression that one is working with a mystical principle.

THE PROBLEM OF LIBIDO IN DEMENTIA PRÆCOX

I have sought to show these infringements in a special work, "Wandlungen und Symbole der Libido," and at the same time the necessity for creating a new conception of libido, which shall be in harmony with the energic conception. Freud himself was forced to a discussion of his original conception of libido when he tried to apply its energic point of view to a well-known case of dementia præcox-the so-called Schreber case. In this case, we had to deal, among other things, with that well-known problem in the psychology of dementia præcox, the loss of adaptatoin to reality, the peculiar phenomenon consisting in a special tendency of these patients to construct an inner world of phantasy of their own, surrendering for this purpose their adaptation to reality. As a part of the phenomenon, the lack of sociability or emotional rapport will be well known to you all, this representing a striking disturbance of the function of reality. Through considerable psychological study of these patients we discovered, that this lack of adaptation to reality is compensated by a progressive increase in the creation of phantasies. This goes so far that the dream-world is for the patient more real than external reality. The patient Schreber, described by Freud, found for this phenomenon an excellent figurative description in his delusion of the "end of the world." His loss of reality is thus very concretely represented. The dynamic conception of this phenomenon is very clear. We say that the libido withdrew itself more and more from the external world, consequently entered the inner world, the world of phantasies, and had there to create, as a compensation for the lost external world, a socalled equivalent of reality. This compensation is built up piece by piece, and it is most interesting to observe the psychological materials of which this inner world is composed. This way of conceiving the transposition and displacement of the libido has been made by the every-day use of the term, its original pure sexual meaning being very rarely recalled. In general, the word "libido" is used practically in so harmless a sense that Claparède, in a conversation, once remarked that we could as well use the word "interest."

The manner in which this expression is generally used has given rise to a way of using the term that made it possible to explain Schreber's "end of the world" by withdrawal of the libido. On this occasion, Freud recalled his original sexual definition of the libido, and tried to arrive at an understanding with the change which in the meantime had taken place. In his article on Schreber, he discusses the question, whether what the psychoanalytic school calls libido, and conceives of as "interest from erotic sources" coincides with interest generally speaking. You see that, putting the problem in this way, Freud asks the question which Claparède practically answered. Freud discusses the question here, whether the loss of reality noticed in dementia præcox, to which I drew attention in my book,6 "The Psychology of Dementia Præcox," is due entirely to the withdrawal of erotic interest, or if this coincides with the so-called objective interest in general. We can hardly agree that the normal "fonction du réel" [Janet] is only maintained through erotic interest. The fact is that, in many cases, reality vanishes altogether, and not a trace of psychological adaptation can be found in these cases. Reality is repressed, and replaced by phantasies created through complexes. We are forced to say that not only the erotic interests, but interests in general—that is, the whole adaptation to reality-are lost. I formerly tried, in my "Psychology of Dementia Præcox," to get out of this difficulty by using the expression "psychic energy," because I could not base the theory of dementia præcox on the theory of transference of the libido in its sexual definition. My experience-at that time chiefly psychiatric-did not permit me to understand this theory. Only later did I learn to understand the correctness of the theory as regards

⁶ No. 3 of the Monograph Series.

the neuroses by increased experience in hysteria and the compulsion neurosis. As a matter of fact, an abnormal displacement of libido, quite definitely sexual, does play a great part in the neuroses. But although very characteristic repressions of sexual libido do take place in certain neuroses, that loss of reality, so typical for dementia præcox, never occurs. In dementia præcox, so extreme is the loss of the function of reality that this loss must also entail a loss of motive power, to which any sexual nature must be absolutely denied, for it will not seem to anyone that reality is a sexual function. If this were so, the withdrawal of erotic interests in the neuroses would lead to a loss of realitya loss of reality indeed that could be compared with that in dementia præcox. But, as I said before, this is not the case. These facts have made it impossible for me to transfer Freud's libido theory to dementia præcox. Hence, my view is, that the attempt made by Abraham, in his article "The Psycho-Sexual Differences Between Hysteria and Dementia Præcox," is from the standpoint of Freud's conception of libido theoretically untenable. Abraham's belief, that the paranoidal system, or the symptomatology of dementia præcox, arises by the libido withdrawing from the external world, cannot be justified if we take "libido" according to Freud's definition. For, as Freud has clearly shown, a mere introversion or regression of the libido leads always to a neurosis, and not to dementia præcox. It is impossible to transfer the libido theory, with its sexual definition, directly to dementia præcox, as this disease shows a loss of reality not to be explained by the deficiency in erotic interests.

It gives me particular satisfaction that our master also, when he placed his hand on the fragile material of paranoiac psychology, felt himself compelled to doubt the applicability of his conception of libido which had prevailed hitherto. My position of reserve towards the ubiquity of sexuality which I allowed myself to adopt in the preface to my "Psychology of Dementia Præcox"—although with a complete recognition of the psychological mechanism—was dictated by the conception of the libido theory of that time. Its sexual definition did not enable me to explain those disturbances of functions which affect the indefinite sphere of the instinct of hunger, just as much as they do those of sexuality. For a long time the libido theory seemed to me inapplicable to dementia præcox.

THE GENETIC CONCEPTION OF LIBIDO

With greater experience in my analytical work, I noticed that a slow change of my conception of libido had taken place. A genetic conception of libido gradually took the place of the descriptive definition of libido contained in Freud's "Three Contributions." Thus it became possible for me to replace, by the expression "psychic energy," the term libido. The next step was that I asked myself if now-a-days the function of reality consists only to a very small extent of sexual libido, and to a very large extent of other impulses. It is still a very important question, considered from the phylogenetic standpoint, whether the function of reality is not, at least very largely, of sexual origin. It is impossible to answer this question directly, in so far as the function of reality is concerned. We shall try to come to some understanding by a side-path.

A superficial glance at the history of evolution suffices to teach us that innumerable complicated functions, whose sexual character must be denied, are originally nothing but derivations from the instinct of propagation. As is well known, there has been an important displacement in the fundamentals of propagation during the ascent through the animal scale. The offspring has been reduced in number, and the primitive uncertainty of impregnation has been replaced by a quite assured impregnation, and a more effective protection of offspring. The energy required for the production of eggs and sperma has been transferred into the creation of mechanisms of attraction, and mechanisms for the protection of offspring. Here we find the first instincts of art in animals, used for the instinct of propagation, and limited to the rutting season. The original sexual character of these biological institutions became lost with their organic fixation, and their functional independence. None the less, there can be no doubt as to their sexual origin, as, for instance, there is no doubt about the original relation between sexuality and music, but it would be a generalization as futile, as unesthetic, to include music under the category of sexuality. Such a terminology would lead to the consideration of the Cathedral of Cologne under mineralogy, because it has been built with stones. Those quite ignorant of the problems of evolution are much astonished to find how few

things there are in human life which cannot finally be reduced to the instinct of propagation. It embraces nearly everything, I think, that is dear and precious to us.

We have hitherto spoken of the libido as of the instinct of reproduction, or the instinct of the preservation of the species, and limited our conception to that libido which is opposed to hunger, just as the instinct of the preservation of the species is opposed to that of self-preservation. Of course in nature this artificial distinction does not exist. Here we find only a continuous instinct of life, a will to live, which tries to obtain the propagation of the whole race by the preservation of the individual. To this extent this conception coincides with that of Schopenhauer's "will," as objectively we can only conceive a movement as a manifestation of an internal desire. As we have already boldly concluded that the libido, which originally subserved the creation of eggs and seed, is now firmly organized in the function of nest-building, and can no longer be employed otherwise, we are similarly obliged to include in this conception every desire, hunger no less. We have no warrant whatever for differentiating essentially the desire to build nests from the desire to eat.

I think you will already understand the position we have reached with these considerations. We are about to follow up the energic conception by putting the energic mode of action in place of the purely formal functioning. Just as reciprocal actions, well known in the old natural science, have been replaced by the law of the conservation of energy, so here too, in the sphere of psychology, we seek to replace the reciprocal activities of coordinated psychical faculties by energy, conceived as one and homogeneous. Thus we must bow to the criticism which reproaches the psychoanalytic school for working with a mystical conception of libido. I have to dispel this illusion that the whole psychoanalytic school possesses a clearly conceived and obvious conception of libido. I maintain that the conception of libido with which we are working is not only not concrete or known, but is an unknown X, a conceptual image, a token, and no more real than the energy in the conceptual world of the physicist. In this wise only can we escape those arbitrary transgressions of the proper boundaries, which are always made when we want to

reduce coördinated forces to one another. Certain analogies of the action of heat with the action of light are not to be explained by saying that this tertium comparationis proves that the undulations of heat are the same as the undulations of light; the conceptual image of energy is the real point of comparison. If we regard libido in this way we endeavor to simulate the progress which has already been made in physics. The economy of thought which physics has already obtained we strive after in our libido theory. We conceive libido now simply as energy, so that we are in the position to figure the manifold processes as forms of energy. Thus, we replace the old reciprocal action by relations of absolute equivalence. We shall not be astonished if we are met with the cry of vitalism. But we are as far removed from any belief in a specific vital power, as from any other metaphysical assertion. We term libido that energy which manifests itself by vital processes, which is subjectively perceived as aspiration, longing and striving. We see in the diversity of natural phenomena the desire, the libido, in the most diverse applications and forms. In early childhood we find libido at first wholly in the form of the instinct of nutrition, providing for the development of the body. As the body develops, there open up, successively, new spheres of influence for the libido. The last, and, from its functional significance, most overpowering sphere of influence, is sexuality, which at first seems very closely connected with the function of nutrition. With that you may compare the well-known influence on propagation of the conditions of nutrition in the lower animals and plants.

In the sphere of sexuality, libido does take that form whose enormous importance justifies us in the choice of the term "libido," in its strict sexual sense. Here for the first time libido appears in the form of an undifferentiated sexual primitive power, as an energy of growth, clearly forcing the individual towards division, budding, etc. The clearest separation of the two forms of libido is found among those animals where the stage of nutrition is separated by the pupa stage from the stage of sexuality. Out of this sexual primitive power, through which one small creature produces millions of eggs and sperm, derivatives have been developed by extraordinary restriction of fecundity, the functions of which are maintained by a special dif-

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This differentiated libido is henceforth ferentiated libido. desexualized, for it is dissociated from its original function of producing eggs and sperm, nor is there any possibility of restoring it to its original function. The whole process of development consists in the increasing absorption of the libido which only created, originally, products of generation in the secondary functions of attraction, and protection of offspring. This development presupposes a quite different and much more complicated relationship to reality, a true function of reality which is functionally inseparable from the needs of reproduction. Thus the altered mode of reproduction involves a correspondingly increased adaptation to reality. This, of course, does not imply that the function of reality is exclusively due to differentiation in reproduction. I am aware that a large part of the instinct of nutrition is connected with it. Thus we arrive at an insight into certain primitive conditions of the function of reality. It would be fundamentally wrong to pretend that the compelling source is still a sexual one. It was largely a sexual one originally. The process of absorption of the primitive libido into secondary functions certainly always took place in the form of so-called affluxes of sexual libido ("libidinöse Zuschüsse").

That is to say, sexuality was diverted from its original destination, a definite quantity was used up in the mechanisms of mutual attraction and of protection of offspring. This transference of sexual libido from the sexual sphere to associated functions is still taking place (e. g., modern neo-Malthusianism is the artificial continuation of the natural tendency). We call this process sublimation, when this operation occurs without injury to the adaptation of the individual; we call it repression—when the attempt fails. From the descriptive standpoint psychoanalysis accepts the multiplicity of instincts, and, among them, the instinct of sexuality as a special phenomenon, moreover, it recognizes certain affluxes of the libido to asexual instincts.

To be continued.

THE CASE OF MISS A

A PRELIMINARY REPORT OF A PSYCHOANALYTIC STUDY AND TREATMENT OF A CASE OF SELF-MUTILATION

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INTRODUCTION

I have called this a preliminary report, because I have much more material relating to the case than I can possibly crowd into a paper of moderate length. It makes no claim to originality. If it has any novelty it is only in the application of psychoanalytic methods, for therapeutic purposes, to a concrete case of self-mutilation. So far as I know there is no published psychoanalysis of a case of self-mutilation. If the external limitations of space and time did not prohibit, I should like very much to present the case more fully; for instance, I have not included a study of the patient's dreams, of which she had a great many.

The question as to whether this is a case of masochism or not comes immediately, of course, to mind. Krafft-Ebing defines masochism as the desire to experience pain from the sexual object. In this case, however, object and subject are one. Besides, he says, "the extreme consequences of masochism, however, are checked by the instinct of self-preservation, and therefore murder and serious injury, which may be committed in sadistic excitement, have here in reality, so far as known, no passive equivalent." This is a case of self-inflicted serious injury. But Krafft-Ebing records only two cases of female masochism and one of these was in the "initial stages of paranoia persecutoria." This patient was not insane. For the purposes of this paper, therefore, perhaps it would be better to leave the question of definition and comparison undecided for the present.

¹ Psychopathia Sexualis, p. 116.

² Ibid., p. 190.

One further introductory word seems necessary. There are two stages of scientific development: (1) Classifications, (2) causal sequences. This paper does not attempt to bring together a lot of cases and classify them—it is an account of only one case; but, in the opinion of the author, it does offer an adequate account of the causal sequences leading, in this particular instance, to the self-mutilation. The critical reader can easily distinguish between the "facts" and my "interpretation" of them. Much of the patient's interpretation, of course, was learned from me, a process necessary to therapeusis.

The patient was a young woman twenty-three years old. She came to the Hospital with a self-inflicted cut on her left arm. Her arm had many other scars, and there was one on her breast: she said she had cut herself twenty-eight or thirty times; and on the calf of her right leg was a scar forming the letter W.

Two problems presented themselves: Why did she cut herself?

How could she be helped?

The physical and mental examination gave but negative results. The patient was quiet and completely amenable, showing ex-

cellent judgment, in her attitude in the ward.

The following facts were all gleaned from the patient, and so far as objective truth is concerned, are uncorroborated. Objective truth, however, is unimportant, in a psychological sense, and of the *subjective* truth of the account I was finally convinced by the manner and attitude of the patient, during daily conferences lasting over a month. The patient herself fully believed what she said.

ANAMNESIS

As a baby the patient was her father's pet, and was also much made of by the male boarders in the family. With the advent of other daughters, however, the father paid less and less attention to her. He was a cruel man. He used to thrash his sons unmercifully, often stripping and tying them to a bed post. Although he never thrashed the patient she lived in mortal terror lest he would do so. The thing she feared more even than the whipping, she said, was being stripped.

One day, when about eight years old, she trampled on her

father's garden, of which he was inordinately proud, and was seen by her uncle, one of the men boarders. He threatened to tell her father, which frightened her dreadfully; but promised not to tell if she would let him do as he liked. She did, and for many years (five or six) he was accustomed almost daily to masturbate her. She accepted it in a perfectly frigid manner although at first it was very painful, and from this time forth she hated her father, because fear of him made her submit to this degradation. Finally, at the age of fourteen, however, she learned that her uncle was attempting to do the same thing to her younger sister. Though she had never told any one, she became bold to do for her sister what she did not dare to do for herself, and threatened him with telling her father. She then discovered that he really was afraid lest she tell, and thus she escaped. But not until he had attempted coitus. This he did when she was only twelve years old.

As the patient matured she became abnormally stout. Her catamenia began when she was about thirteen, but were always very irregular. In the shop, for she was then working, the girls said irregular menses were the cause of either consumption or insanity. This she believed, more or less, because she was having severe headaches, and she attributed them to her irregular menses.

One day, about three years ago, as she was cutting bread, her cousin, boarding with her family at the time, attempted a sexual assault. In the scuffle she cut herself with the bread knife. This was enough for her assailant, who left her alone. It happened that at the time of this attempted assault the patient was suffering from an intense headache. After cutting herself, however, she noticed that the headache had left. She said she continued the cutting as a means of gaining relief from headaches, and from a "queer feeling" which she could not describe.

After a while the patient became aware that what she wanted more than anything else was a baby; but because of what she had passed through as a child, she regarded marriage as impossible. At a moment of intense mental agony over this more conscious conflict she took her brother's razor and cut her breast, thinking that if she could have no babies her breasts were useless. Here the sexual nature of her acts became apparent. After much thinking on the subject, and as the result of concrete advice, she

determined to have a baby, without marriage. For this purpose, though she had never before done such a thing, she accepted the attentions of a man who had been soliciting her for some time. She stayed with him a short while but then left him because he "insulted" her. She did not become pregnant. Some time later another man wanted to marry her. She cared for him, and would have married him, but first, she felt it necessary to tell him all. As was natural, he then refused to marry her and called her a whore. She left him and went to her brother's room, and for the first and only time in her life took some whiskey, found his razor and cut on her leg the letter W. (In this relation Hawthorne's "Scarlet Letter" is interesting.)

After I had been working with the patient a short time I asked her to write for me a history of her self-mutilation. In her account one can get an idea as to the patient's natural intellectual ability. She was taken out of school and sent to work in a factory at about thirteen years of age and has worked there ever since. Some further idea of her family's sexual morality is suggested by the fact that she said all her brothers but one asked her for "connections" (i. e., coitus). She denied gratifying their request. The following is in her own words:

"The first time I cut myself was about three years ago, and then I cut myself on the wrist of the left arm. It was not a very bad cut. A student at the Hospital took two stitches in it. Before I cut myself I had what I called a crazy headache, and after I had let blood my headache went away, and I thought that the cutting of my wrist, and letting the blood flow had cured it.

I do not remember very clearly how I felt at the time.

"It was about three weeks afterwards that I decided I must cut myself again. All during the week I had been feeling queer, and I thought because I was feeling so queer it was because I did not have my menses regularly—it was six months since I had been unwell—so I'd deliberately made up my mind that I would do it. I went upstairs to my brother's room, and found his razor. I opened it, and held out my arm, and rested my arm on the dresser. I was shaking all over, it seemed to me that I would not have the nerve to do it even if my head did ache, and I did think that it would cure my headache, and help me to menstruate regularly like other girls did. I had about decided that I would

not, when I happened to look up and saw myself in the mirror. That settled it, all my nerve came back. I remember distinctly that I sneered at my reflection in the glass and said something about nobody caring if I killed myself, much less if I only cut myself, so I drew the razor slowly across my wrist, and made a

deep cut. It then took three stitches to sew it up.

"The next time I did not cut myself, but I took a piece of German silver wire about five-eighths of an inch in length, and pushed it in to my right hand considerably below the thumb. I did it because I was feeling queer again and wanted to get away and walk, and walk. I wanted to do something, anything but sit and think of myself, and different things. The wire kept me still for about five days, when I went to the hospital to have it taken out. I did not mind having the wire in my hand, but my headache had not wholly gone away, and it was starting to ache worse, so I went to the hospital because I knew they would have to cut to probe for it. They probed for it for about four hours, and did not find it. They told me to return the next day. I did, and they probed for about an hour, when they said that if I wanted to come back in the afternoon they would give me ether, and take it out. I returned in the afternoon more because I was curious to know how it felt to take ether than anything else. I kept them busy with that hand for about a month; they didn't seem to know why it didn't heal up.

"It was quite a while before my head ached very badly again, and when it did ache I tried hard to control myself for I was getting a little bit afraid. It was about five o'clock in the morning. My head had been aching badly for two days. I had gone to bed very much discouraged. I slept badly, and had horrible dreams mostly of a sexual nature—at that time anything about sex was most repulsive to me—I woke about 4:30 o'clock, and lay there and thought about everything, everything disagreeable that had ever happened to me especially about what happened when I was a child, and about my cousin. At last I could not stand it any longer, and in a manner almost frantic I went into my brother's room and took his razor—he was working nights—and slashed at my arm. I did not do it slowly. I did it quickly, because I hated myself, and some other people, and in a way I felt that by hurting myself I was hurting them and also I was wishing that

I could do it to them only I knew I could not even if they were where I could reach them, because I dislike to see people suffer. I felt so badly over cutting myself, and also so ashamed that I did not have it attended for about a day and a half. Dr.—— took two stitches in it. He asked me why I did it. I told him I did it because I did not menstruate regularly. He told me lies, and treated me for about four weeks.

"The next time I cut myself I had been feeling quiet for about a week. I did not care about anything. I knew only one thing, and that was that I wanted something. I did not know what I wanted, but all week I had been conscious of a feeling of lost. I had always had that feeling of something being left out, a sense of lost, so to speak, but that week it seemed to be aggravated. It was Sunday, and I was making beds, my hair had fallen down, and I went to the mirror so I could fix it again. When I stretched my arms up to fix my hair it struck me suddenly that they were rather pretty if they weren't scarred. It interested me to discover this so I looked at myself closely. I had never really looked at myself before—there were a few good points, and a great many bad ones, but what I noticed was my general build. On account of what had happened when I was young I had quite decided I would never get married, but my form as I looked at it that day did not seem to me to belong to a single woman. To myself I looked quite matronly, and when that idea occurred to me I thought of babies. Then a feeling came over me that that was what I was missing, and the worst of it was that I could

see no way out of it. I could not marry—I had not got far enough then to think of having a child without getting married—and oh, I felt so bitter. I was feeling things, but could not tell what I was feeling. My head began to ache. I would not stand it. I took the razor, I thought a moment, then I opened my waist and cut over the left breast as deeply as the razor would go in, and then I laughed.

"The next time Dr. - cut my arm for me I do not re-

member how I felt. He opened a vein.

"Then another time I had another crazy headache. I had tried hard to control myself for about four days, but I had a fight at home, my mother was nagging me. I had a hysterical fit, or something like it. I was discouraged. I cut myself with a safety razor-blade four times on the left arm before it brought any relief. I did not go to a doctor to have my arm attended to—I was afraid.

"The next time I was with Y— and he would not believe what I told him, so I took up his knife to show him. I just stuck it into my arm, he wouldn't let me rip the scar open. I was indifferent. I felt still and baffled. I knew that I must give up the idea of

having a child, and it hurt, but the pain was numb.

"Then to please Mrs. X— I tried hard not to cut myself again. I knew that I must not bother her because she was always so busy. I did not do it for about two months when I got that feeling again. I thought that if I could see her I would be able to control myself so I telephoned to her. She was not in. My mood changed, I did not want to try not to cut myself. What was the use, nobody cared. I was most unreasonable. I bought a knife and went to —— and cut myself on the wrist. Then I was sorry, because I knew she would not like it, and because I felt I must tell her. I had not told her that I cut myself at times but I think Dr. ——— had. I told her that night, she bandaged my wrist, and for the time I was almost happy, only still there was a miserable feeling left.

"After that I studied with —— for quite a while, and also learned to control myself. I did not cut myself for about eight months I think when I broke out again, then I cut myself internally. I just pushed the knife, and made some kind of a gash."

⁸ In her vagina.

It was about three o'clock in the morning. I had had such bad dreams, and my head ached so, and that still feeling was there. I tried not to blame anyone for what I was, but still I felt that if I would only menstruate I would be all right. The thought maddened me, so that I got up and got my penknife and did it. After I had cut myself I realized what I had done. I knew I would be lucky if I escaped blood-poisoning, but still in a way I did not care.

"At various times after that I cut myself. By that time I was so indifferent to and contemptuous of myself that I did not care. Sometimes I was sorry. Other times I was hard and cynical. I want one thing understood. I have never been of a pessimistic nature, unless one could say I was pessimistic about myself. The feeling I always had whether I had a headache or not was: What does it matter? Nobody cares enough to stop you. Of course there were people who did help me."

It is of interest to note some of the omissions in this somewhat "official" report she gave me. In the first place she does not tell how she happened to cut herself the first time. She suppressed the account of the assault. She did this to shield the man. But more important still is her avoidance of any mention of her "trial marriage" with the man who cared for her; its disastrous effect on the man who wanted to marry her; and the cutting on her leg of the letter W.

In the above account given by the patient is clearly seen her desire for surgical interference.⁴ This desire to have the surgeons probe and operate may surely be said to be masochistic. Thus, whether one calls the case as a whole, a case of masochism, or not, there is plainly a strong component of masochism in it.⁵

⁴ The relation of this desire to the incest impulse, or, in more general terms, the "father complex," is obvious. See Freud's "Three Contributions to the Sexual Theory," Nervous and Mental Disease Monograph Series, No. 7.

⁸ Cf. Dr. Paul Federn: "Beiträge zur Analyse des Sadismus und Masochismus," *Internationale Zeitschrift für Arztliche Psychoanalyse*, I Jahrgung, Heft. 1, S. 29. Also, Havelock Ellis: "The Psychology of Sex," Vol. I, p. 66.

EPICRISIS

This case has interest for a number of reasons. In the first place it is doubtful if one could call it purely hysterical. There is no splitting of consciousness in the sense in which hystericals split their consciousness. The psycho-sexual traumas of childhood are repressed, but are also remembered. Even so, they are all-powerful. This proves that such traumas do not have to be forgotten to have an abnormal influence on the psyche.

In another way, however, the patient shows a closely similar reaction to that of an hysteric. She was unable to bear mental distress. The hysteric represses his unpleasant memories because they cause him mental distress and he is morally fainthearted.7 There are two kinds of courage or endurance:8 the ability to bear spiritual distress or agony, and the ability to bear physical pain. The patient was not afraid of pain, but she was unable to bear mental anguish. To a certain extent she chose pain. Here she was imitating, in her own acts, both her father and mother. Her father used to beat and otherwise maltreat her mother; but her mother never struck back, or resented it. She could bear anything, in pain. On the other hand, her father could not bear the slightest pain without creating the greatest disturbance. To the patient, bearing pain increased her own self-respect, as contrasted with her father, and identified her with her mother; while in inflicting pain she satisfied her aggressive masculine impulses and identified herself with her father. In another respect the patient was very like an hysteric. She carried on an active process of day-dreaming, of fantastic creation, all having to do with babies, homes, and husbands. Night dreams, too, were of the same subject, though less idealized.

⁶ Freud: "Selected Papers on Hysteria," p. 29, Monograph Series, No. 4.

8 Cf. Plato: "Laches."

⁷ If the patient had not been so conscious as to why she cut herself the case might have been called a compulsion neurosis. Following Freud one might call it, however, a retention hysteria. But classification is less important here than causation. Cf. Freud: "Bemerkungen über einen Fall von Zwangsneurose," Jahrbuch für Psychoanalytische und Psychopathologische Forschungen, 1909, Bd. I, Hft. II, S. 357; and Jones: "Einige Fälle von Zwangsneurose," Jahrbuch f. Psychoanalytische u. Psychopath. Forsch., 1912, Bd. IV, Hft. I, S. 563; Freud: "Zwangshandlungen u. Religionsübung," Sammlung kleiner Schriften zur Neurosenlehre, S. 122.

There is a further interest attaching to this case because no special technique was required to gain the facts above recounted. Simply questioning the patient sympathetically and urging her to answer when she was reluctant to do so, sufficed. This follows, of course, as a corollary to the absence of an actually split consciousness. It is when the complexes are unknown to both investigator and patient that a special technique is necessary for getting at the facts. In this case, the facts were known to the patient, though, naturally, she was reluctant to tell them. The interest therefore shifts from the technique to the facts and their relations.

The objective fact is the cutting. This is too complex to be merely impulsive, it is the end result of a process of thinking, motived by feelings and impulses aroused by the repressed memories of early sadistic and perverse treatment. One could conceive that the sexual craving of the patient was abnormally de-

veloped⁹ by her early passive masturbation.

Before going on to a more detailed analysis I wish to emphasize two points of much significance: This case may be looked at from two points of view: (1) It is a scientific study of the cause, or causes, of the cutting. More rigorously stated, perhaps, it seeks to show the "indispensable condition" without which the cutting would not have occurred. (2) It tries to suggest, because more than suggestion is impossible, the therapy, and its success. In the actual work these two processes are inseparable; in the paper I wish here to point out the possibility of discriminating these two viewpoints. For this patient, there is no doubt, but that the "indispensable condition," for the later self-mutilation, was the psychosexual trauma of childhood. To prove this to be the fact for all cases of self-mutilation would require the psychoanalysis of a great many cases. I have had two other cases, however, in which I can demonstrate the same etiology.

Roughly, the cutting may be analyzed into five parts: (1) The pain; (2) the bleeding; (3) an aggressive act leading to (4) surgical and sympathetic treatment; (5) sexual relief through symbolical masturbation.

Pain alone is an insufficient motive. If it had been merely pain

⁹ Freud: "Selected Papers on Hysteria," p. 159, Monograph Series, No. 4.

that the patient wanted she could have gotten it in many ways, more intense and not so destructive. But there was the pleasure in pain if it were not too intense. Freud says, "it has also been claimed that every pain contains in itself the possibility of a pleasurable sensation. Let us be satisfied with the impression that the explanation of this perversion is by no means satisfactory and that it is possible that many psychic efforts unite themselves into one effect."10 This multiplicity of motives has been found to be the case with the patient. Whether it is so generally could only be determined by the psychoanalysis of a great many corroborative cases. In the case under consideration, however, the pain element in itself may be regarded as almost negligible, but through association with her passive masturbation it gained tremendous power.

Thus cutting was a sort of symbolical substitute for masturbation. At first when she was masturbated it caused a good deal of pain. Hence pain and sexual stimulation were intimately related. Another motive for her painful self-mutilation was a desire to escape mental distress. Physical pain distracted her attention and was a means of escaping such distress. She also felt disgusted with herself and wished to punish herself, in a way, for her acquiescence as a child in what she instinctively felt were serious misdeeds.

The patient said she had masturbated herself only once, and never did so again because of the loathsome memory of what her uncle did.

Bleeding, as a means of medication, has a long history. Perhaps here we may get a glimpse of one of its roots. In the patient, bleeding had several psychic determinants. In the first place there was the desire for regular menstruation. The menses had always been irregular, and after the patient began cutting herself, she said she cut herself every four weeks. This correspondence to the catamenia period is obvious. The idea of vicarious actions bringing about a desired end is very primitive.11 From this point of view the pain element in the complex act would be a barrier to be overcome before the cutting could take place. The

10 Freud: "Three Contributions to the Sexual Theory." Trans. by Brill, p. 22, Monograph Series, No. 4.

11 Cf. J. B. Frazer: "Golden Bough"—the chapter on Sympathetic Magic.

desire for regular menstruation together with other desires must overcome her aversion to pain. This desire for menstruation was also rooted in a desire to be like other girls and to function like other girls. Here the power of the herd instinct is suggested. Bleeding also occupied a peculiar double position in the mind of the patient. First it symbolized menstruation, and second it seemed a direct way of reducing her obesity. Her dislike of obesity also had a sexual ground. At about the age of seventeen she was so fat that some of the girls in the factory thought she was pregnant and used to taunt her with it. As it was a common thing for these girls to live loose lives there was nothing strange in their suspicions. Luckily, she said, she never lost a day at work during that year, otherwise the girls would have thought she had had an operation.

The third part of the analysis of the cutting concerns itself with the act as an aggression. From this point of view the act is masculine. This corresponds completely with a large part of the patient's character. She is decidedly masculine in many ways. Physiologically and psychologically the bisexual character of man and woman is established. Hence the right to say that the patient, as a man, committed an act of aggression, against herself, as a woman, thus following the double law of her being. Thus her sadistic impulses, probably strongly inherited from her father, got satisfaction while she satisfied at the same time her masochistic inclinations, inherited from her mother. Masochism, therefore, in this case at least, so far as it may be said to be masochistic, has a sadistic component. Similarly, sadism, in so far as others are really part of ourselves, has a masochistic component. This patient had strong sadistic impulses as was shown by her desire to kill her uncle and also to kill her father. These impulses, however, were repressed, or perhaps better said, were introverted, to use Jung's phrase, and thus became masochistic. Thus one fundamental root of masochism may lie in sadism. Certain oriental peoples kill themselves, thinking thereby most seriously to harm their enemy. So the patient sometimes cut herself, she said, to hurt her father.

It is worthy of note that any act of conscious aggression,

¹² See Bernard Hart: "Psychology of Insanity"—quotations from Trotter's "Herd Instinct."

whether directed inward or outward, implies the overcoming of certain psychic barriers such as pain or fear of reprisal. It must be a strong impulse which overcomes a strong resistance. Next to complete self-destruction comes partial self-destruction as the strongest deterrent possible to certain acts. On the other hand, the will to live a full life is perhaps almost as strong as the will to live at all. The patient's desire to live a full life is shown by her almost overwhelming desire for children, together with a strong desire to associate with, and receive consideration from, people superior to her inherited social environment. These various components of a complex total force were of course not clearly recognized or known. It was the work of psychoanalysis, just as the word implies, to analyze this complex into components and present them clearly to consciousness for consideration, judgment, and control. This necessary function of psychoanalysis implies an ethical and philosophical foundation. In this respect it is interesting to note the close correspondence between the psychoanalytic theories and the Bergsonian doctrines.18 Here too should be mentioned the work and doctrines of William James.14 But this paper is no place to develop these suggestions so they must be merely mentioned.

Finally, as to therapy, and its results—Freud says, in the paragraph on "The Psychic Participation in the Perversions": "The omnipotence of love nowhere perhaps shows itself stronger than in this one of its aberrations." ¹⁵

It was assumed that the patient had considerable psychic power, only introverted. She was encouraged to believe in her own capacity. Each step in the analysis was explained and discussed with her. She was told some of the theories and was asked if she corroborated them in her own feelings and thoughts. If not, they were revised to fit the facts. In this way she analyzed her own complexes and thereby gained much self-control. And, most important of all, opportunity for sublimation was obtained for the patient and she was given a chance. Nothing could be less helpful than two courses which might have been followed.

¹⁸ Cf. Bergson: "Matter and Memory" and "Creative Evolution."

¹⁴ James: "The Will to Believe"; "Principles of Psychology"; and "The Varieties of Religious Experience."

¹⁵ Freud: "Three Contributions to the Sexual Theory." Trans. by Brill, p. 24, Monograph Series, No. 4.

A complete analysis, left there, would have been of little help to the patient, if she had been given no chance to sublimate or idealize her energies. Because she was poor, of lowly origin, and uneducated, it was necessary to provide such opportunities of idealization as would be unnecessary to more highly favored patients. Strictly speaking, this is not a function of the analyst, but like the doctor who prescribes a medicine too expensive for the patient and therefore must get it himself if it is absolutely necessary, so the analyst, if he wishes his work to last, must provide an adequate outlet for energies which, turned in, are self-destructive.

Another course which would have been not only futile but actively harmful was also avoided. I mean the assumption that what the patient was suffering from was lack of specific sexual satisfaction and advising sexual relations or masturbation. Such a course could only end in disaster. The reason is unassailable. The patient, herself, had already sublimated her sensual desires sufficiently to know that what she really wanted was children and not the sexual act merely. Hence only the highest ideals of love could satisfy, even approximately, her cravings and desires. Anything less than this could only throw her back into the childhood degradation, out of which she had already partially climbed.

So far the patient has responded to the treatment. While fourteen months, without a relapse, is too short a time upon which to base any prophecy of the future, yet it does give a certain ground for hope.

BLINDNESS AS A WISH

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A healthy man awoke blind on July 24, 1912. He had slept well but insisted that it was still dark and that it was not time to get up. He had had no previous trouble with his eyes, had worked as usual the day before; and he had absolutely no physical symptoms before, at the time of, or after the blindness to account for it. He was thirty-nine years of age and always in the best of health; his heredity was good, he had had no previous illness, and denied syphilis. For fourteen years he had worked in a factory without missing a day, he did not know of any other person there who ever had any similar trouble; and nothing in the nature of his work could be held responsible for his symptom.

During the ten weeks from July 24 to October 4, repeated examinations failed to show any lesions in any part of the body. Drs. Mittendorf and Holden pronounced the fundi and pupils normal; there was slight perception of light but no perception of objects.

At the Neurological Institute, on the service of the Third Division, on October 4, physical examination failed to show any lesions of the nervous system. The Wassermann tests of both blood and spinal fluid were negative, and there was no increase in the number of cells in the spinal fluid. Tests for vision showed a distinction of light from darkness but no vision of objects. He was led about by the arm and did not feed himself.

Since no physical abnormalities were found, and since no disease is known which can produce a sudden blindness in both eyes without other symptoms and some demonstrable physical condition, this blindness was considered to be either feigned or hysterical. Feigning was practically excluded for two reasons: he had no insurance of any kind, had sustained no injury whereby he could expect remuneration, and by being out of work, he ex-

posed himself, his wife and three children to want; and all the many tests which were made with the object of getting evidence that he could see were unsuccessful.

The only remaining assumption was that his blindness was hysterical, which assumption four days later was proved correct, since vision returned as suddenly as it had been lost.

According to some modern conceptions of hysteria, all physical manifestations of hysteria are the expression of some purposive mental actions. In the analysis of hysterical symptoms, therefore, the object in view is to determine what particular volitional act stands behind them. The problem in this case, then, was to determine what there was in the man's mental life that made vision undesirable: what situation he did not wish to meet, or what person he did not wish to see; and, finally, to ascertain what he gained by the non-use of his eyes.

A patient cannot be asked these questions directly, for he would say it was an absurdity to think that he could, for example, gain anything by being blind. Most people do not realize what effect their own worries and personal affairs have upon them, and of course such people are not to be expected to answer such questions immediately or freely. Others are fully cognizant that they have troubles but they are unwilling to admit them to outsiders; and still others are unwilling to admit to themselves that their troubles actually affect their behavior. It has been shown, however, that such a relationship exists between thoughts and actions. In his admirably written book on "The Psychology of the Crowd," Gustave Le Bon expresses this relationship when he says that "behind the avowed causes of our acts there undoubtedly lie secret causes that we do not avow, but behind these secret causes there are many others more secret still, which we ourselves ignore. The greater part of our daily actions are the result of hidden motives which escape our observation."

When such a difficulty exists in obtaining a patient's real ideation, it becomes necessary to resort to other than the direct methods of questioning. This patient had at first denied any emotional upset which might act as a cause of his blindness, so it became necessary to employ indirect methods to get him to talk. As he had casually volunteered the information that he always had dreams and was willing to talk about them, his dreams

were used as the subject of conversation and he alternated between the substance of the dreams and the actual events of his life which seemed to him so analogous to the events of the dreams that he gradually spoke of incidents of his life which were personal and intimate, and which he had never talked about before. In the unraveling of a dream about a quarrel, he stated that he was not a man to provoke quarrels, and that although he had gone through fifteen years of a marriage which was unhappy for him he had always controlled his feelings by day; but he found himself, to his discomfiture, always fighting at night in his dreams. In discussing some dreams about winning victories while fighting, he said that the fights had assumed a victorious nature only after the onset of the blindness, and he was quite willing to believe that some element in the blindness was responsible for this change in the character of his fighting dreams.

Then he admitted, not only to the doctor, that before his blindness he had often wanted never to see his wife again and that since its onset he had felt really glad he could not see her even though she was near him; but he admitted also to himself as well as to the doctor that his blindness coincided with his wish not to see his wife. Straightway he perceived that there were other avenues of escape from her than the one along which he was traveling, and which would offer him fewer inconveniences. Then his blindness instantly disappeared.

The following dreams were the means by which the patient came to understand the course of events. The first one is:

He went into a drug store and became engaged in an argument with the druggist, getting so angry that he threatened the druggist with a law suit. As a matter of fact, he said, no such incidents had ever occurred. He was not in the habit of going to drug stores and did not know any druggist. However, he had often thought of going to a drug store to buy some poison to end his life, because his home life was unhappy. Six months after his marriage he found that he no longer loved his wife. During the following fourteen and a half years he just endured her presence, always with a never-relieved, pent-up strain; for he thought that it was not a man's privilege to quarrel with a woman, and that it was his duty to stay by his wife. He claimed that although he

had often wanted to, he had never become harsh or angry at her. So he considered poison as his solution of his difficulties.

The appearance and actions of the druggist of the dream suggested to him not any special druggist but the man who, as owner of the factory where he worked, was responsible for the recent loss of the position he had had fourteen years. This man had for some time accused him of being attentive to a woman in the factory, and finally caused the patient to leave the factory. He was absolutely innocent of the charges. As he realized there was nothing to be gained by a quarrel with his employer, he quietly secured a position in another factory, where he had similar work. When he told his wife truthfully why he changed his position, she, too, took up the accusations, and also charged him with improper relations with several other women. He endured these "torments"; he had no friend to whom he could turn for advice; he knew of no one to whom he would trust the story. He tried to bottle up his emotions, he said, and during the day he held himself in the grip of self-control, but it bothered him to find that at night, in his dreams, he did not control himself and that the fights continued.

He had never been involved in a law suit and had not even threatened anyone with one. He said he did not know why he should threaten either this particular man in the dream or the factory owner with any kind of a lawsuit; nor did he know why the subject of a suit should be brought up at all. But on considering what person could become involved in a suit or what person there was from whom any gain in a personal way could be obtained through a suit, he said he had sometimes thought of the relief he might get if he had some grounds against his wife so that he could file a bill for divorce and be freed from her "torments." He thought a divorce would free him from his troubles just as poison would.

If we now look at this dream with the idea of finding the wish therein contained, as Freud maintains there is in every dream, we see in its various parts, as the patient very readily saw, wishes which he had had but had not admitted or carried out. His waking wishes had been to go to a drug store for poison with which to end his troubles; his dream took place in a drug store. The dream gave him the opportunity of becoming angry and threaten-

ing a law suit, the thing which if directed and carried out against his wife would free him just as the poison would. Of the two solutions for his troubles which he had thought out for himself, poison or divorce, the dream contained a combination, using the place which furnished poison as the scene and the anger leading up to the threat of a law suit as the main theme of the dream story. The dream gave the most prominence to the threat of the law suit, indicating as the patient said, that the law suit was the most desirable solution of the troubles.

There is in this dream, too, another phase, which illustrates Jung's theory that all persons in a dream are representatives of components of the dreamer's personality. The patient always maintained his innocence of the accusations made against him in regard to women, but said that he had often wished he did not have the sense of faithfulness to his wife, especially when he knew that this factory owner, also a married man, was himself the one who was attentive to the very woman to whom he was accused of being attentive. This man used a freedom which the patient desired but did not take, and in this dream the quarrel with this man is analogous to the struggle he had constantly with his own desires for freedom and in this way is representative of that phase of his character with which he was always fighting.

The next dream, one he had after coming to the Neurological

Institute, is as follows:

He starts an automobile going, but after a short distance it stops and drops to pieces. He tries to put the pieces together.

Nothing like this had ever happened to him; he had never started, driven or put together an automobile. His only acquaintance who had a car was this same factory owner, who had promised but had never given him a ride. On seeing the machine in the street the patient had often jokingly spoken of starting it up and taking a ride; and of course he did not expect to go in the machine now, as he was no longer in the employ of this man. When he lost his old position six months before, he had to drop down from the salary which had been increased occasionally during the fourteen years he was there, to small wages in the other factory. With this decrease in pay, his plans for the payment of his recently built house were seriously interfered with. He feared he might lose the house. His pay was for piecework and when

he became blind his pay stopped. He had no health, life, or accident insurance, and he had no intention or reason, he said, for claiming damages from his employers.

His greatest concern was not, he maintained, his financial stress. He had built a new house, believing that if he and his wife were to live together, a new and common interest might bring them more contentment. She seemed, however, to take no interest in the house or in the payment for it, and continued in her unjust faultfinding and renewed the accusations. He was completely discouraged, and now he was blind.

After this recital of his affairs, he saw instantly that what he had been telling was another version of the story of his dream. The actual details of the dream had not occurred, he said, but things very similar had taken place, when all his plans for his financial and domestic schemes fell through. He said he was just at the stage in his real life that he was in the dream when the automobile dropped to pieces, and he did not know what to do until he got back his eyesight.

If Freud and Jung had done nothing more than to demonstrate that in every dream there is a wish, they would have contributed much. In this short dream about a man starting something going, and his attempting to fix it up when it dropped to pieces, no other wish can possibly be conceived than that he is trying to put together something that once existed. The patient maintained he was trying to recover the use of his eyes so that he could again take up his work.

The next dream is the most significant for two reasons: it brought forth material not previously ascertainable, and by means of which the blindness was removed; and it was a repeated dream, one which came six or eight times before the blindness, and after it, fully fifteen or sixteen times, changing in its termination from the moment of the onset of the symptom.

At first the dream was as follows:

He got into a fist fight, but as he tried to strike his fist fell short and he hit nothing. He awakened with a feeling of defeat.

He had never had any actual fights. The only provocations he had had were with his wife, and this factory owner, and he had always endured their talk and actions without retaliating. He had neither the courage nor the desire to fight them. It was his wish and intention to be defeated in such affairs.

After the onset of blindness came this change:

He got into the same fight and when he struck, his fists always hit so hard that he came out victorious. He awakened with a distinct feeling of victory. The man commented instantly about the sudden change in the dream at the very onset of his blindness, and volunteered that if there is any significance in dreams at all, there must be some special reason for a change in a dream which came so repeatedly; and moreover that if there was a special reason for such a change and this change came at the onset of his blindness, he was convinced that his blindness had something to do with that reason.

Then he reluctantly told of the events of that summer. He had had an offer of a good position in the West and after several weeks deliberation, refused it. He did not tell his wife of the offer. When in July she continued in her ways, he reconsidered the offer, and on the 23d of the month he made up his mind definitely to take his three children and go away without her knowledge, and never see her again. This definite decision startled him. He had for the first time taken a step against his wife. He was astounded at himself that he could break away from the principles he had had all these years. Perturbed, he finished his work that day, but he slept well. He woke up the next morning blind. He was of course unable to go away, but he no longer saw his wife; it was not altogether necessary for him to go away.

For the first few days he was terrified. Later, in spite of the discomforts of being blind, he found a very definite comfort and almost a feeling of secret joy in not being able to see his wife. Never before in these fourteen years had he had this feeling of comfort when she was in his presence. This was a victory, he said, which was very definite to him, so definite in fact, that he was sure that this was the feeling of victory he had in the dreams, and which caused the dream termination to change from defeat to victory.

These admissions were not all he had to make; they came quickly, once started. Shortly before his entrance to the Institute, he believed as he now thought of it, that his wife had be-

come a little more kind to him and seemed to antagonize him less than she did before he was blind, and even less than she did in the first weeks of the blindness. His blindness had not only been a source of satisfaction and gratification to him in preventing him from seeing his wife, but it had brought about a change in both their attitudes.

On this realization that his blindness was the expression of his desire not to see his wife, and that by being blind he gratified his desire and had also effected a change in her attitude toward him, the idea occurred to him that if all he wished was not to see her, he could find less inconvenient ways than by remaining blind. Instantly the blindness disappeared. He picked up a newspaper. He read it. It was four days after his entrance to the Institute. A day or so later he wrote a letter to his wife saying he was coming home. Furthermore, he said, he went willingly.

THE TECHNIQUE OF PSYCHOANALYSIS

BY SMITH ELY JELLIFFE, M.D., PH.D.

PREFACE

The traveller in a foreign land who keeps to the main highway needs no guide. He does not even have to know the language of the country for a judiciously distributed pour boire will put him in touch with all the more common requirements of the situation.

With his Baedeker in hand, he may even wander about in strange surroundings oblivious to the unknown claque about him and return to his haven of safety with an outline of the topography of the city, its bricks and mortar, and possibly its trolley cars.

But were he to go into the by-ways, were he to reach out for an understanding of the rich life that is actually being lived about him, he is more or less shut off, and deaf and dumb must needs grope about if without knowledge of the language of the country.

The doctor of medicine is in some such a position—his unexplored countries come to him, however, rather than his going to them. His Baedekers—Gray, Osler, and perhaps a rich library, furnishing the details of many complicated structures—lead him through the more frequented paths of disease processes, but, like the real traveller he not infrequently finds himself lost in unexplored territory. A new language strikes his ear at every specialistic frontier that he would pass; a rich and apparently hopeless terminology has to be mastered if he would travel in new fields, and if he would know what is going on over the boundary he must make it a part of himself.

It is of no service to him to rationalize his indolence by calling this speech new-fangled, absurd or unnecessary. To shut his eyes and ears to these new languages, refusing to learn them, only hampers himself, and the stream of active intelligence goes on leaving him in an eddy of his own isolation. Words are only tools to be used to cut into the facts of nature, so that fellow workers can make a concerted effort, through mutual understanding, and clear a pathway into the secrets of life. The simplest act of reflection will show that the more complex the situation, the greater will be the confusion of new tongues and the greater will be the need for the construction of new tools—words—to aid the explorer. This is why the problems connected with the study of mental activities have so rich a terminology and one constantly undergoing evolution.

Bones, tendons, muscles, intestines, hearts, lungs, have been much alike for countless centuries, and have modified little in their structures, but the nervous system, an active, changing master-spirit in evolution, is constantly reaching out in its attempt to grasp the infinite.

Even the simplest aboriginal inhabitants of an Australian village are giants in mental development when compared to the earliest products of the age of man. Historical retrospect can but imperfectly reconstruct the stages of primitive culture, but the connecting links between aboriginal and modern races are there. The ethnologist, the archeologist, the anthropologist, the student of language, of customs, of laws, of religions has a rich material, and already the data available for the understanding of the development of civilization and of culture surrounds the student of human nature in bewildering profusion.

The races of the twentieth century are partakers in this heritage of a bountiful past and the individual of to-day is its product. To be completely understood entails a knowledge of the principal gifts of this inheritance, and he who would grasp the innermost causes that sway the human mind must be able to reconstruct the stages through which that mind has come in its development from primitive culture to modern conditions. "What are we," queries Bergson, "in fact what is our character if not the condensation of the history that we have lived from our birth—nay even before our birth, since we bring with us prenatal dispositions?" "Doubtless we think with only a small part of our past, but it is with our entire past, including the original bent of our soul, that we desire, will, and act."

These "prenatal dispositions," this "original bent of our soul" are a part of the inheritance of which we speak. Everything in

human life, individual as well as social, has then its historical background, its origin, its life history and thus its adequate working interpretation. Nothing is trivial, nothing is fortuitous.

Psychoanalysis outlines the task of interpreting human motives from this point of view. How; it will be my privilege to more fully set forth.

INTRODUCTION

The present series of articles is planned for the beginner in psychoanalysis. They therefore will contain little that the trained analyst does not already know. If because of their simplistic character they prove of service to the neophyte my purpose will have been accomplished.

At the outset it seems desirable to give a general outline of what psychoanalysis is. For this a bare definition will not suffice. The word itself is almost as indicative as such a definition might reasonably hope to be. Psychoanalysis is primarily to be considered as a method. As such, it seeks to establish a knowledge of the development of individual human motives. Just as a chemical analysis serves to determine the ultimate composition of this or that substance present in nature, so psychoanalysis has for its task the unravelling of the ultimate causes of this or that manifestation of human conduct. Psychoanalysis then is merely a tool, just as chemical analysis is a tool-both are methodological disciplines working with different facts of nature, each seeking to determine ultimates in their respective spheres; the former dealing with data of that portion of the nervous system functioning to adapt the individual and the race to reality, the latter working with the inorganic and organic substances making up a large portion of that reality.

Not to extend this particular analogy too unduly, it may be added that inasmuch as chemical analysis is restricted only in its choice of material, so psychoanalysis need have no barrier for its activities. It is not a method limited solely to the solution of problems of psychopathology any more than chemical analysis is confined to the study of pathological human substances. All of the questions arising in relation to psychological activities may be investigated by the psychoanalytic method.

It seems to me desirable in this place to clearly emphasize the

fact that in psychoanalysis we are dealing solely with a method for gaining data since one frequently hears the statement that psychoanalysis is nonsense. A method, or a tool, is not nonsense. Chemical analysis is not nonsense, although bad quantitative or qualitative chemical methods may lead to false or nonsensical results. The individual chemist may be badly trained in his methods and be a poor chemist. This does not invalidate the methods of chemistry. Again certain substances may be so complex in their structure as to defy even the best chemical methods at separation and identification; this argues only for the comparative crudity of the known analytic resources. It can readily be conceded in an analogous sense that the psychoanalytic methods now developed may be comparatively crude, but this only supplies a motive for their betterment rather than an argument as to their falsity.

The crudities of those social instruments, the law and medicine, are known to all men, but only the sick egoist argues to do away with all law and all medicine. Those healthy nervous systems capable of adaptation to the realities of nature are endeavoring to improve law and medicine. They seek to minimize their crudities and make them better instruments for the obtaining of human happiness. In this, as well as in many another task, the methods of psychoanalysis are destined to play an enormous rôle in the near future.

In this place, I can only indicate some of the fields of activity in which psychoanalysis, as a method, has already rendered important service, leaving for future consideration, when I hope to present a summary of the development of the method, the more complete statement of its spheres of operation.

It is chiefly in the realms of psychopathology that psychoanalysis first showed its value; those chapters in medicine devoted to the study of the neuroses and psychoneuroses having been entirely remodelled by its application. In a similar manner the understanding of certain of the psychoses, particularly schizophrenia (dementia præcox), paranoia, and the manic-depressive group, is undergoing marked transformations as a result of the psychoanalytic methods. That large chapter of alcoholism which is not an object of interest to medicine alone, but enters into almost every sphere of human life, is having most penetrating and

far-reaching light thrown upon it by the students of the psychoanalytic school.

A new science and application of pedagogy are being reared upon the data obtained by psychoanalysis, as witness the masterly work of Pfister recently published and made the forerunner of an important series of works on pedagogy under the leadership of Meumann and Messmer.

The students of history, anthropology, ethics, religion, philosophy and art are beginning to feel the value of the material obtained by the methods of psychoanalysis, and already a shift of position with better generalizations is making itself apparent.

It is not my purpose, however, to sketch any such ambitious program in these pages. I shall content myself with the rudiments, and shall deal more particularly with simple medical problems; with such as are met with by the average practitioner, or those that come more indirectly to the student of nervous diseases.

I believe that every sincere practitioner can practise psychoanalysis just as he can practise surgery. In the latter case, with a fundamental knowledge of bacteriology he may cut just as far as his anatomical knowledge and experience permit him. He may limit himself to minor surgery, or he may attempt more difficult and complicated operations. So with the methods of psychoanalysis, if the practitioner will make an earnest attempt to understand them, he will be enabled to be of enormous service even when only using the simplest fundamentals. There are numerous sick individuals who do not need a complex analysis, because they have not developed a complex neurosis. Such can be relieved or cured by the application of the rudiments of psychoanalysis. This is particularly true in the pedagogic field working with developing children. On the other hand, it is important for the general practitioner to know that the complicated cases need a more complete grasp of the methods, just as an operation upon the brain requires more than a general knowledge of the principles of minor surgery.

The statement that we are dealing solely with a method, however, is incomplete—it is necessary to ask what is the method intended to do? and furthermore why is a special method needed?

I have already said that by psychoanalysis one seeks to establish a knowledge of the development of human motives, that all of the psychical activities may be investigated by its means, and that it deals with data of the psychic life in its function of adaptation to reality. It thus seeks to establish a basis for the understanding of human conduct.

Such broad statements, however, are entirely too general, especially for the purposes I have in mind in these pages. We shall limit them here more particularly to the individual principles of human behavior, especially in their application to definite medical situations. The psychoanalytic methods which will be here outlined then will bear solely upon practical medical problems confined within comparatively narrow bounds. We intend to learn by them why certain symptoms of disease come into being, and what the meaning of these symptoms is for the individual's adaptation. We may then be in a position to properly estimate the modus operandi of the disorders under discussion and may possibly eliminate or modify them for the benefit of the sick in-individual.

And why is a special method needed? This latter question can only be answered completely after a more extended review of the situations which are to be analyzed. It can be stated here broadly that medicine had not been able to satisfactorily explain the import of many so-called nervous symptoms. The hypotheses were inadequate. Many, in fact most of them, proceeded along lines of chemical analogy.

Pituita, black humors, perverted chemism, faulty metabolism, auto-intoxication, indicanuria, etc., these are links in a long historical chain of such interpretations, the incompleteness and unsatisfactoriness of which have been demonstrated for thousands of years. Such an interpretative formula might attempt to explain why an individual with an incipient schizophrenia, for instance, should believe that it was absolutely necessary for her when going up a pair of stairs "to go three steps and then stop or else suffer from constipation." It would say that it was due to gastro-intestinal fermentation, possibly a parathyroid hyperactivity, or a deficiency of hypophysis secretion. For the sake of discussion it may be admitted that possibly such a disease as schizophrenia may arise from one or other of these or analogous metabolic disturbances, but even so wherein does this knowledge aid in an understanding of the "three steps or constipation" symptom?

Perhaps the symptom is meaningless and neither needs nor can obtain an explanation. This attitude of mind can be understood. It is an old point of view. It has permitted just the type of organic explanation. On the basis of the nonsense of the symptom we get a still more nonsensical interpretation. But let it be assumed that the symptom means something, that it is as real as a dyspnea, and arises from necessary psychical antecedents, then at once it becomes apparent that "auto-intoxication, perverted metabolism," etc., as explanations are of no value; they must be abandoned.

This is all preparatory to saying that the content of an idea, a psychological fact, can never be explained on the basis of perverted chemism, and that every idea, for we shall deal with ideas—mental facts—has a basis which is as absolutely determined as any other reality of nature.

This fundamental postulate that every psychological fact is a bit of nature with definite laws is the reason why a new method of investigation had to be found. The chemical, bacteriological, pathological laboratories had shown their sterility in this par-

ticular field of enquiry.

Even recognizing this bankruptcy, so to speak, of organic explanations for psychological phenomena it may be further recalled that psychology itself has been far from being a promising guiding principle. There have been a number of reasons for this, but two psychological tendencies, which had received the official sanction of the schools, may be touched upon since the psychoanalytic method has shown their inadequacy for its particular problems.

For many years official psychology was limited to the so-called physiological psychology. This was practically little more than a detailed physiology of the special sense organs. Its study developed a mass of information relative to the receptors and the conducting mechanisms of the special sense organs, facts of great importance, but of little applicability in getting at explanations for human conduct.

Another important attitude of psychology was its insistence upon what it was pleased to call its "norms." The famous dictum that the abnormal in mental life could only be understood from a study of the normal has been one of the chief obstacles to progress.

Such an attitude of mind could only have come from the laboratory worker unacquainted with the progress made in the empirical biological sciences. For here the great advances in knowledge have come from the pathological side. The normal has been built up out of the pathological. Hence, when Freud, rejecting all of the dicta of the official and reigning schools of thought, constructed his psychoanalytic method upon pathological data, he followed the path of experience in the other biological sciences, and by avoiding the sterile psychology of the so-called "normal mind" founded a method of great value.

No previously existing system of thought could properly form a working hypothesis to explain why for this or that individual it was necessary for the patient to "go up three steps or else be constipated," or other analogous symptoms which will occur to the reader and which are found in abundance in all pathological cases, be they hysterias, or compulsion neuroses, phobias, schizophrenias, or what not.

The medical historian, acquainted with the various hypotheses, can see the thread of truth that runs through all of them. Each new century has brought better and better explanations, but it was only when, towards the Charcot era, a definite parting with structural concepts took place, that abnormal psychology gained a definite right to state to the student of normal psychology that it had to be reckoned with, and that previously existing systems of thought, even philosophies, would prove inadequate if the pathological data of medical science in the psychological sphere were neglected.

A method, therefore, which would bring together and unite into a genetic or dynamic concept these data of psychopathology was much to be desired. It saw its earliest systematic beginning in the days of Charcot, it remained for Freud to forge the tools of psychoanalysis, and make them of value for every student of psychical phenomena.

That same historian viewing human endeavor in his search of the absolute must realize that psychoanalysis, like other tools that homo faber has constructed, will undergo changes and developments. The very facts of nature that it reveals will cause it to be modified, and if it remain sufficiently plastic, it too can evolve.

It is no part of the present program to follow any dogmatic

presentation, but I would remind the reader that a simple statement of the outlines of the psychoanalytic methods inclines towards a certain amount of positivism which I would gladly avoid if it were possible.

THE MATERIAL TO BE ANALYZED

A change of heart has taken place in many quarters of the medical profession with reference to the so-called functional manifestations of the nervous system. The neurotic is no longer to be jeered at and made fun of. "Truth from (their) lips prevails with double sway, and fools who come to mock remain to pray." That multitude of patients who "have nothing the matter with them" has commenced to be seen in its true colors. The members of that much greater multitude who have "so many things the matter with them," and who, as Dejerine very pointedly remarks, make up at least half of the practice of most specialists, will soon be seen, not in the light of sufferers in this or that organic realm, but as having beliefs in illness, which make them sufferers just as truly as those with "nothing the matter with them." When these truths become the universal heritage of the profession then the medical iconoclasts and jeerers, such as the likes of Pliny, Moliere and Bernard Shaw, will have lost an attribute of their vocation and can devote their energies to constructive rather than destructive criticism. At the present time, however, we need both kinds.

The first requirement of the analyst then is a sympathetic attitude towards his material. To pooh-pooh a symptom as "nonsense," as "imagination," as "silly," as "make believe," or "malingering" is an assumption which has no value from the standpoint of the understanding of the symptom. Such an approach to mental problems is rather an index of the naïveté and indolence of the assumer. These universal human attributes must be reckoned with and overcome. Thus the analyst becomes a good listener. This listening does not mean the turning of an indulgent ear to the plaints of the sufferer, but a comprehending and grasping curiosity that counts "nothing as trivial, nothing as fortuitous." The analyst must hunger for information about the patient's ills, being ever on guard against formulating interpretations before the returns are all in.

All this takes time!

In an opening Dialogue between Philopiro, a physician, and Misomedon, his patient, written by a Dr. B. Mandeville¹ some two hundred and fifty years ago, I find the following.

Misomedon: I have sent for you, Doctor, to consult you about a distemper, of which I am well assured I shall never be cured.

Philopiro: Whatever your case may be, Sir, it is a great Misfortune, you entertain so ill an Opinion of it; but I hope, your Disease may prove less desperate than your Fears represent it.

Misomedon: It is neither better nor worse than I tell you, and what I say, is what I am convinced of by Reason, and not a suggestion of my Fears: But you think, perhaps, I'm a Madman, to send for a Physician, when I know before-hand that he can do me no good. Truly, Doctor, I am not far from it: But first of all are you in haste, pray?

Philopiro: Not in great haste, Sir.

Misomedon: I am glad of that, for most of your Profession either are, or at least pretend to be in a great hurry, But tho' you are at leisure, Can you hear a Man talk for half an hour together, and, perhaps, not always to the purpose, without interrupting him? For I have a great deal to say to you, several Questions to ask you, and know I shall be very tedious; but if you can bear with me I'll consider your Trouble, and pay you for your Time, and Patience both. Can you stay an Hour?

Philopiro: Yes, Sir, or longer, if there be occasion."

From which it may be seen that in 1685 as well as to-day, the physician has failed to understand these patients, and has neglected to give *time* to their study. If the physician is unwilling to utilize a great deal of time he can never make an analysis.

Sympathetic insight, intense work in obtaining many statements of what are facts to the patient, ofttimes with innumerable apparently trivial, and unimportant details, and time, are the primary factors in the opening of an analysis.

This outline is a commonplace to the trained analyst, but I am here writing for the beginner, who wishes to obtain a working knowledge of a method. No other attitude of mind will bring any useful results. A beginner in chemistry who does not believe

1 "A Treatise of the Hypochondriack and Hysterick Diseases in Three Dialogues." London, 1685. there is anything in the atomic theory, that H₂SO₄ as a symbol for something is nonsense, and that the two sides of a chemical equation convey no information as to what is going on in a chemical reaction is not likely to become a chemist and much less a com-

petent authority on chemical problems.

Still another situation is in need of emphasis before we approach the patient. This is the subject of diagnosis. The young student is prone to pin his faith to names. They seem very definite to him. Hence he always seeks the diagnosis, and can then "consult an authority" or "read it in a book." He is prone to shut the book before him, the patient, and hear what somebody else says about something he knows nothing about, i. e., this particular problem. The diagnosis of the mental side of the problem is an absolutely negligible matter for the opening of an analysis. One's object is to find out what is going on in the patient's mind. The interest should be concentrated on the correct ascertaining of the symptoms and on processes, not on names. All diagnoses, it hardly seems necessary to say, are purely artificial creations for social purposes. They represent useful generalizations for subsequent comparison and discussion with others later on in one's investigations. The attitude of mind that feels that its task has been accomplished when the patient is labelledhysteria, compulsion neurosis, neurasthenia, etc.—will never grasp nor comprehend the living process going on within the patient. All enquiry stops when one dogmatizes at a diagnosis. The beginning student, therefore, should thrust the idea of the mental diagnosis aside for the more vital problems of getting the facts. Naturally the physical diagnosis, if there is one, is another question which will be taken up.

Mental Facts.—In obtaining the initial history of a patient, one's attitude should be an absolutely impartial and uncritical one. One should avoid all leading questions, and, in the words of Misomedon, one must be willing, yes anxious, "to hear a man talk for half an hour together, and, perhaps not always to the purpose, without interrupting him."

This "talk" may be hastily jotted down, or written in shorthand, or an effort made to remember it as one sees fit, which detail will be discussed later.

If one is not certain regarding a detail, the patient should be

asked to repeat, or explain further, or try to make it absolutely clear just what he means by the statement made. Thus, a patient says "everything must be clear."

(Just what do you mean; give me an example.)2 "Why under the bed must be clear; the bed must be clear; the closet

must be clear."

(How.) "Why I must spread newspapers under the bed, then I can see that it is clear. I must roll up the sheets, and the mattress, and then I am sure that it is clear. I put white papers in the closet and am sure it is clear."

(Why.) "Because I must make it clear that there is nothing

there. No Booey (i. e., negro) element there."

This may be as far as such a line of enquiry will take one for the time being, or one goes on to another symptom. In a very short time the analyst experiences the pleasant sensation that the patient feels that some one is really trying to understand what is going on in their mind.

It should be the analyst's endeavor, in getting the preliminary history, to listen with great care to the patient's own explanation and not endeavor to correct it. Usually the explanation is a correct one, but it is expressed in terms other than those which the non-analytically trained physician usually employs. If the analyzer does not understand what the patient means, it will be pretty certain that the patient will not understand what the analyzer means should he attempt to explain the symptoms. Until the analyzer has grasped the exact significance of the situation, as the patient sees it, it is nonsense for him to offer an explanation. It is of the highest importance not to explain too much to the patient about his neurosis in the beginning. The detailed reasons for this will appear later. It is, up to this point, only necessary for the analyzer to see that the patient's explanation must have some truth in it.

I am speaking here of mental explanations, not of the banal interpretations which include "too much uric acid," "a bit of nerve tire," "an acid stomach," "floating kidney," etc., which have been suggested. Even the medical explanations—given by the patient—bits of misconstrued physiology and the like, these

² Parentheses indicate the analyst's enquiries; the patient's answer follows.

also should be carefully listened to, not with incredulity and impatience, for the patient has accepted them in good faith usually from a fellow practitioner in whom she once had confidence.

After the first unburdening of the patient's mind takes place the real work of history taking begins. This may have occupied one or two visits. The first task now involves a rigid sorting process. A complete physical examination is usually necessary. The symptomatology will often determine just how minute the examination must be.

It must never be overlooked that physical disturbances may exist side by side with psychical ones. It is not my purpose to discuss the relation of the one to the other in just this place, but I hope to make it clear where a practical division may be made so far as psychoanalysis is concerned. Anybody may be analyzed to his advantage. A patient may be greatly benefited even if his headache be due to a brain tumor, but to take the position that such a procedure would be justifiable for the treatment of the tumor is naturally farcical. It would be on a par with the hypnotist's treatment of a mild emotional excitement due to an arteriosclerotic cerebral softening by the metronome, or the internist's treatment of the same by valerian, asafetida or bromides.

Complicated emotional states due to or accompanied by physical disorder are constantly being met with, and the beginning analyst must be on guard not to overlook such a physical disorder. On the other hand entirely too much stress may be laid upon the latter and the needs for a mental house cleaning overlooked. Even so profound a disturbance as the ataxia of tabes, with its well-known anatomical substratum, contains, according to as good an observer as Maloney,⁸ a very large psychogenic factor in fear, which reinforces the ataxia and makes many bedridden who could otherwise walk with but little difficulty.

(To be continued)

⁸ Journal of Nervous and Mental Disease, November, 1913.

CRITICAL DIGEST

SOME FREUDIAN CONTRIBUTIONS TO THE PARANOIA PROBLEM

By Charles R. Payne, A.B., M.D.

It is only within the last few years that psychology has been considered as offering any promise of helping to solve the riddle of the psychoses. Until recently, no one had thought to look below the surface of the bizarre mental productions of the insane (delusions, hallucinations, etc.) to see whether these might have any real meaning and all had been content to accept them at their face value as mere crazy jumbles of words and ideas.

It remained for Prof. Sigmund Freud, of Vienna, to point out the way which bids fair to lead to a much more thorough understanding of these disorders and possibly later to distinct therapeutic gains. Freud came upon these new facts in the course of his observation of the mental phenomena of neurotic patients. The first cases of psychoses which he reported were some of chronic paranoia about the year 1895, but his more detailed studies are of much later date. The same applies to most of the articles to which I shall refer in this review, *i. e.*, they fall within the last decade.

Following in the direction which Freud had indicated, Jung and his co-workers at Zurich undertook the elucidation by analysis of the expressions and delusions of certain dementia præcox patients. The brilliant results of their work have been made accessible to English readers by Drs. Brill and Peterson in Monograph No. 3 of the Nervous and Mental Disease Monograph Series.

It is my purpose in this article to attempt a similar service in regard to the recent work which has been done on paranoia and paranoid conditions, collecting the numerous articles which have appeared, mostly in German, and by condensing and abstracting these, present the material in such a way that the English reading public may gain a comprehensive view of the valuable work which has been done along these lines in the last few years.

In the present introductory outline, I can do no more than mention some of the articles which I intend incorporating in this review. The titles given here are more descriptive than exact, the full title and reference being reserved for the places where the material is reviewed: Freud: "Psycho-Analytic Remarks on the Autobiography of Dr. Schreber"; "Analysis of Hallucinatory Paranoia." Ferenczi: "Rôle of Homosexuality in the Pathogenesis of Paranoia." Bleuler: "Affectivity, Suggestibility and Paranoia." Blere: "Radical Treatment of Paranoia." Maeder: "Analyses of two Cases of Dementia Præcox with Paranoid Symptoms." Spielrein: "Analysis of Case of Dementia Præcox with Paranoid Symptoms." Grebelskaja: "Analysis of a Paranoic." Several shorter articles by other authors. As the title indicates, the subject will be considered purely from the Freudian aspect.

As one of the most interesting and instructive psychoanalytic studies of paranoia we may first review the case published by FREUD in the Jahrbuch für Psychoanalytische und Psychopathologische Forschungen, Vol. III, Part I, 1911, under the title1 "Psycho-Analytic Remarks on an Autobiographically Described Case of Paranoia (Dementia Paranoides)." As the title indicates, this is a psychoanalytic interpretation of the clinical history of an intelligent paranoic patient. The latter was Dr. jur. Daniel Paul Schreber, one time president of the Saxon Senate at Dresden. Schreber, after his release from the institution in which he had been confined during the time in which his delusions ruled his personality, published, in 1903, a book entitled "Denkwürdigkeiten eines Nervenkranken" (Memoirs of a Nervous Invalid). This book Freud has used as the basis for his psychoanalytic interpretation of the case and formulations regarding the mechanisms underlying paranoia. A brief history of the case is essential to an understanding of his deductions.

Dr. Schreber reports that he has twice suffered from nervous troubles, the first time in 1884-5 from an attack which was diagnosed by his physician, Professor Flechsig, as hypochondria and

^{1&}quot; Psychoanalytische Bemerkungen über einen autobiographischen beschriebenen Fall von Paranoia (Dementia paranoides)."

lasted a little over a year and from which he completely recovered; the second time, from 1893–1902, from the attack which forms the basis of this study. His age at the time of the onset of this second attack Freud learned from outside sources to have been fifty-one. He had long been married but had no children.

Before proceeding to sketch the history of the second attack, we should notice a dream, which Schreber reports having had sometime previous to this attack, as Freud later refers to this many times in his argument. He dreamed one time that his earlier nervous malady had returned, over which he felt in the dream very unhappy; likewise on awakening, he felt correspondingly happy that it was only a dream. Further he had once toward morning, in a condition between sleep and waking, "the idea that it must be really fine to be a woman yielding to coitus," an idea which he would have rejected with great indignation in full consciousness.

The second illness began the last of October, 1893, with persistent insomnia which sent him to the clinic of Professor Flechsig, where he had been cured of his trouble eight years before. This time, however, the treatment was unavailing, he became rapidly worse and was soon committed to an institution called "Sonnenstein" at Pirna. His condition at this time is thus described in the director's report: "He expressed many hypochondriacal ideas, complained that he was suffering from softening of the brain, must soon die, etc.; still, ideas of persecution were already becoming mixed in the clinical picture on a basis of sensory illusions which at first seemed to appear rather sporadically while simultaneously a high degree of hyperesthesia, great sensitiveness to light and sound asserted itself. Later, the visual and auditory illusions increased and in connection with a general emotional disturbance ruled his whole feeling and thinking; he considered himself dead and decayed, sick of the pest, had the delusion that all kinds of abominable manipulations were being carried out on his body, as he himself expressed it, more horrible things than anyone could imagine and yet for a holy purpose. The pathological inspirations so completely absorbed the patient at times that he would sit for hours stiff and immovable, inaccessible to any other impression (hallucinatory stupor); at other times, these tormented him so that he wished for death,

made repeated attempts at suicide by drowning in the bath and wanted the cyanide of potassium destined for him. Gradually the delusions assumed a mystic, religious character, he had direct intercourse with God, the devils had fun with him, he saw miracles, heard holy music and finally believed he was in another world." Among the different persons by whom he believed himself persecuted and influenced, his former physician, Dr. Flechsig, occupied a preëminent position; Schreber referred to him as "soul-murderer" and innumerable times as "little Flechsig," the first word sharply emphasized.

During the course of the first year in the asylum, the clinical picture changed in a manner well described by Dr. Weber, the director of the sanatarium: "Following the original acute state, the whole mental activity was immediately drawn into a psychosis which could be designated as hallucinatory madness (Wahnsinn) from which constantly more definitely the paranoic picture appeared, as we might say, crystallized out." Thus on one side, he had developed an elaborate system of delusions which have the greatest claim upon our interest and on the other side, he had reconstructed his personality and showed himself capable for the tasks of life except for isolated disturbances.

Five years later, in 1899, Dr. Weber reported on Dr. Schreber's status as follows: "Aside from the outcropping of psychomotor symptoms which would at once impress even the superficial observer as pathological, Dr. Schreber seems neither confused nor mentally inhibited nor noticeably affected in his intelligence; he is discreet, his memory excellent, he has at command a wonderful amount of knowledge not only in juristic matters but also in many other fields and can utilize it in well-ordered trains of thought; he is interested in politics, science and art, and constantly occupies himself with these, so that to an ordinary observer he shows nothing out of the way in these directions. Nevertheless the patient is filled with pathologically conditioned ideas which have been reduced to a complete system, are more or less fixed and seem inaccessible to correction by objective consideration and judgment of the actual relations."

At this time, the patient considered himself capable of existence outside the asylum and instituted measures to secure his release. Although these were resisted by the director, Dr. Weber, they were eventually successful and Dr. Schreber was given his liberty in 1902. In this struggle for freedom, he made no secret of his delusional system nor of his intention of publishing the memoirs. Rather, he emphasized the value of his thoughts for the religious life and the indestructibility of these by present-day science; he also called attention to the harmlessness of all the acts which he was called upon to perform by the content of the delusions.

In the legal decision which released Dr. Schreber, the delusions are thus briefly summarized: "He considers himself called to save the world and bring back the lost state of blessedness. This he could do only by changing himself from a man to a woman."

For an understanding of Freud's analysis, it will be necessary to examine the content of these delusions more in detail. Condensed from Dr. Weber's report, this was as follows: The point of the system was that Schreber was called to save the world and bring back the lost blessedness. This task had been imposed by immediate heavenly inspiration such as the prophets of old received; irritated nerves such as he had had for a long time had the peculiarity of being attractive to God but this concerned things which it was difficult to express in human speech since it transcended human experience. The most essential thing about the savior mission was that it would only follow his change into a woman. Not that he wished to change into a woman, rather the organization of the world made this change imperative, something which he could not escape even if personally he would much rather keep his honored position as a man. This change into a woman would come about in years or decades by way of a divine miracle. This was certain for him that he was the exclusive object of divine purpose as well as the most remarkable man who has lived on earth; for years, every hour, every minute he experiences the confirmation of this miracle in his body, also through voices which speak to him. In the first years of his illness, he felt disturbances in individual organs of his body which would long ago have killed any other man; he lived long without stomach, without intestines, almost without lungs, with lacerated esophagus, without bladder, with crushed ribs, has had his larynx many times in part eaten out, etc.; but divine miracles (rays) had always restored the parts destroyed and he was, therefore, so long as he

remained a man, immortal. These threatening phenomena had now long since disappeared, hence his womanliness has come to the foreground in which we have a process of development which will probably take decades if not centuries for its completion and the end of which scarcely a man now living will survive to see. He has the feeling that already numerous "female nerves" have passed over into his body from which by direct impregnation by God new peoples will proceed. Only then will he be able to die a natural death and have attained like all other people the state of blessedness. Sometimes not only the sun but also trees and birds which are so like remains of earlier human souls speak to him in human tones; in general, miraculous things happen to him.

Freud points out that we have here a very common delusion, that of being savior of the world, plus an uncommon delusion of change from man into woman, and says that a study of the memoirs shows the latter delusion to have been the primary one, that it was at first considered as an act of grievous injury and persecution and that it first appeared secondary in relation to the savior rôle. Also, it undoubtedly appeared first in sense of sexual misuse and not in service of higher purposes. Formally expressed, a sexual delusion of persecution has been later elaborated by the patient into a religious grandiose delusion. As persecutor, appeared first the patient's physician, Professor Flechsig, later in his place, God himself. Freud cites from the memoirs to support these views. Although these quotations are most interesting and convincing, it is not necessary to repeat them here.

Freud's analysis of Schreber's peculiar delusions regarding God, Heaven, humanity and his own special nerves for getting into communication with God is a beautiful piece of psychological penetration, but to follow it in detail would take us too long. Schreber's previous attitude of a skeptic in religious matters comes out clearly in his delusions in which, while yielding to God, he attributes to him the strangest characteristics. The sexual conflicts which had formerly raged in his mind under repression now appear clearly in the delusions, although the memoirs have been so thoroughly and prudishly censored that just where he would tell something which would be most enlightening from the standpoint of interpreting the play of the component instincts there is almost always an omission by the publisher on the ground of discretion. Freud sums up the changes in his mind as follows: "He was formerly inclined to sexual asceticism and had been a doubter of God; after the course of the disease, he became a believer in God and a zealous participant in sexual pleasure." But as his new belief in God was of a peculiar kind so also was the form of sexual enjoyment which he had gained of uncommon character. It was no longer masculine sexual freedom but feminine sexual feeling; he constituted himself feminine toward God, felt himself to be the wife of God.

Having now briefly outlined the facts of the case, we pass to Freud's interpretation of them. He calls attention first to the fact that the original person named as persecutor and the one who remained most prominent throughout the course of the disease was Dr. Flechsig, the patient's physician in his first nervous trouble and at the beginning of the second. The first accusation against him in the delusions was that of soul-murderer. Just what this means, the data at hand are insufficient to explain, but enough material has been left uncensored to show that it is probably an euphemism for one who commits a sexual misdeed, such as an homosexual attack. It must be kept clearly in mind that in dealing with delusions we are dealing with the world of the unconscious and not with the world of reality.

Freud formulates the general relation of patient to persecutor in a delusion of persecution as follows: "The person to whom the delusion ascribes so great power and influence, in whose hand all the threads of the conspiracy converge, is, if he is definitely named, the one who before the illness had a similarly great influence for the emotional life of the patient or an easily recognizable substitute for this person. The emotional significance is projected as external force, the emotional tone inverted into its opposite; the one who now on account of his persecution is hated and feared is one formerly loved and revered. The persecution elaborated by the delusion thus serves first of all to justify the emotional change in the patient." Applying this formula to the case in question, we find from the text that Flechsig was first the greatly loved physician who brought Schreber out of his first attack. Freud thus sums up his conclusions on this point: "The occasion of the illness (second) was the outbreak of a feminine (passive homosexual) wish-phantasy which had taken the person of his physi-

cian for its object. Against this, there arose on the side of Schreber's personality an intense resistance and the defence struggle, which might perhaps just as well have been carried out in other forms, chose for reasons unknown to us the form of a delusion of persecution. The person longed for became now the persecutor, the content of the wish-phantasy, the content of the delusion of persecution." The peculiarity of Schreber's case consists in the development which this delusion undergoes and the change in him during the course of this development. The replacement of Flechsig by God affords him a way of escape from the unbearable homosexual wish-phantasy. If he must yield himself as a woman to God in order to save the world there is no longer the shame attached to the first idea; he yields to a higher power; the ego is indemnified by the grandiose delusion but the feminine wish-phantasy is likewise carried through and accepted. Struggle and illness can cease. Nevertheless, the heightened consideration for reality compels the displacement of this solution from the present to the distant future and the satisfaction with a sort of asymptomatic wish-fulfillment. The change into a woman is presupposed to take place sometime; until then, the person of Dr. Schreber will remain indestructible.

Freud now points out how the ideas of Flechsig and God became interchangeable in the delusions and passes on to show how both of these are probably transference substitutes for the recipient of early boyhood love, namely, the father, i. e., Flechsig and God serve to revivify in Schreber's mind long forgotten and repressed feelings toward the father. This view is further substantiated by the many peculiar attributes which Schreber's delusions assign to God. His attitude toward God is much the same as the infantile mental attitude toward the father which psychoanalysis has disclosed to us.

A further ground for the formation of the feminine wish-phantasy is found in Schreber's childlessness, especially the absence of a son to indemnify him for the loss of the father and brother and to have furnished an outlet for his homosexual tendencies. We have been compelled to pass over many pages of fascinating analysis in which Freud shows the origin of parts of the delusions and can only urge any interested reader to follow the whole case in the original. We come now to the third part of the presentation, the discussion of the mechanism of paranoia.

Freud states that he had been impressed with the frequency with which the homosexual wish-phantasy was associated with paranoid symptoms. Mistrusting his own experience, he asked Jung, of Zurich, and Ferenczi, of Budapest, to investigate their cases of paranoia with this point in view. They were surprised quite beyond their expectation at the frequency with which it occurred. This relationship was often hidden during health and only became evident when the disease set in. Thus, from all reports, Schreber in health revealed no signs of homosexuality in the vulgar sense.

In the development of the sexual instinct, there is a stage between autoerotism and love of an object in which the individual takes his own body as an object of love; this is called "narcissism." This stage is perhaps a normal intermediate one in the development of the sexual life, but a considerable number of individuals show a tendency to remain in it longer than necessary. In this stage, the genitals play an important part in the phantasy life. The further course of this tendency to linger in the intermediate stage is by way of the choice of an object with similar genitals, thus the homosexual object choice, to homosexuality. Those who become really homosexual never get free from these inclinations.

Those who do attain to heterosexuality have this homosexual tendency turned to new ends; it appears combined with the ego instinct and aids in constituting the social instinct and contributes to friendship, comradeship and human sympathy, in other words, it is sublimated.

Freud now refers to a principle he previously enunciated,² namely, that every stage in the development of the psychosexuality affords a possibility for "fixation." "Persons who are not completely free from the state of narcissism thus possess a fixation which can act as a predisposition to disease, are exposed to the danger that a flood of libido which finds no other outlet may sexualize their social instincts and thereby make regressive the sublimations won during development. Toward such a result everything can contribute which calls forth a backward flow of the libido (regression) either on one side a collateral strengthening through disappointment in the woman, a direct damming back

^{2 &}quot;Drei Abhandlungen zur Sexualtheorie." Translation No. 7 of the Nervous and Mental Disease Monograph Series.

through misfortunes in the social relations to the man, both cases of denial, or also a general increase in the libido which is too violent to find satisfaction in the ways already open and therefore breaks the dam at the weak point in its structure. Since analyses show that paranoics seek to defend themselves against such a sexualization of their social instincts, we are forced to the assumption that the weak place in their development is in the part between autoerotism, narcissism and homosexuality, that here lies their predisposition to disease."

Thus we see that the nucleus of the conflict in paranoia is the demand of the homosexual wish-phantasy to love the man. It is noteworthy that the chief recognized forms of paranoia can all be represented as contradictions to the sentence "I (a man) love him (a man)"; indeed they exhaust all possible formulations of

this contradiction.

(a) The delusion of persecution contradicts it by proclaiming: I do not love him, I hate him. This contradiction cannot become conscious to the paranoic in this form. The mechanism of the symptom formation in paranoia demands that the inner perception, the feeling, be replaced by a perception from without. Thus the sentence changes from "I hate him" by projection into "he hates (persecutes) me, which then justifies me in hating him." The compelling unconscious feeling thus appears as the result of a perception from without, "I do not love him, I hate him because he persecutes me." Observation leaves no doubt that the persecutor is no other than the former beloved one.

(b) The erotomania assumes another point of attack for the contradiction which is quite unintelligible without this conception. "I do not love him, I love her." The same compulsion toward projection makes necessary the change: "I notice that she loves me. I do not love him, I love her because she loves me." Many cases of erotomania might give the impression of exaggerated or distorted heterosexual fixations without any other kind of foundation if one did not notice that all these love affairs begin not with the inner perception of love but with the perception of being loved coming from without.

(c) The third kind of contradiction would be the delusion of

jealousy which we can study in men and women.

1. Delusion of jealousy in the alcoholic. Alcohol frees inhi-

bitions and makes sublimations regressive. Man disappointed in woman takes to alcohol, which means as a rule he frequents the tavern and the society of men which affords him the emotional gratification he missed at home. If now these men are the objects of a strong libidinous tendency in their unconscious then they defend themselves by the third kind of contradiction: "Not I love the man, she loves him," and he suspects the woman toward all the men whom he has sought to love. The projection distortion here disappears, for with the change of the loving subject the process is already outside the ego and needs no externalization.

2. Quite analogous is the jealous paranoia of women. "Not I love the women, he loves them." The jealous woman suspects the man toward all the women who please her. This can often be seen in the choice she makes of women of whom she is jealous. They may be old or unattractive, with nothing to make a man love them, but are chosen by the woman because they represent nurses, servants, etc., to whom her childhood homosexual tendency was attached.

(d) A fourth kind of contradiction is possible: "I love nothing and no one," which is equivalent to "I love only myself." This

and no one," which is equivalent to "I love only myself." This reveals the delusion of grandeur which we conceive of as a sexual overvaluation of the ego. It is right to assume that the delusion of grandeur is infantile and in later development is sacrificed to

society.

We now turn to the symptom formation in paranoia. The chief characteristic is called projection; an inner perception is suppressed and as substitute for it comes its content, after having been somewhat distorted, as a perception from outside of consciousness. In the delusion of persecution, this distortion takes the form of a change of affect; what should have been felt from within as love is perceived from without as hate. One would be inclined to consider this noteworthy process as the most important in paranoia and absolutely pathognomonic were it not for the fact that (1) projection does not play the same rôle in all forms of paranoia and (2) it occurs not only in paranoia but also in other relations of the mental life.

We now look to the action of *repression* in paranoia. Repression may be considered as consisting of three phases:

I. Fixation, i. e., an instinct or component instinct is halted at

some point of development and remains in a more or less infantile state.

- 2. Real repression, occurring in the conflict between instincts and ego.
- 3. Failure of repression, a breaking through of repressed material.

Now as to the mechanism of repression in Schreber's case. At the height of his disease, he had the delusion that the world was to be destroyed, sometimes that it was destroyed and he the only surviving man, the doctors and nurses whom he saw being called "miraculous, transient men." This world-destruction was due to the conflict between him and Flechsig or in the second phase of the delusion, himself and God. The explanation of this catastrophe is not difficult. The patient has withdrawn his libido from the persons of his environment and the outer world in general. Therefore, everything to him is indifferent and unrelated and must be explained as miraculous and transient. The downfall of the world is the projection of this internal catastrophe; his subjective world has fallen to pieces since he has withdrawn his love from it.

The paranoiac rebuilds his world, not beautifully but so that he can live in it. He builds it by the aid of his delusions. What we consider the production of the disease, the delusions, is in reality the attempt at healing, the reconstruction. Thus the real repression process consists in a freeing of the libido from the previously beloved persons and things. This setting free of the libido in itself is not however the pathogenic factor in paranoia. We must look further in the later application of this free libido. In hysteria, this is converted into bodily innervation or anxiety. In paranoia, it is applied to the ego and constitutes the grandiose delusions so common in the disease.

Freud brings up the question of whether the withdrawal of the libido (i. e., interest derived from erotic sources) is sufficient to account for the imagined catastrophe, the downfall of the world, or whether we must postulate a general withdrawal of all interest; he says we do not now understand well enough the interrelations and interworkings of the ego and sexual instincts to fully answer this question but points out that the general intellectual interest is not entirely withdrawn, since Schreber observed many things in the world but gave them different interpretations, calling the people who remained after the world's downfall, miraculous transient men; hence, it is more probable that his changed attitude toward the world is entirely or predominantly to be explained by the loss of his libido-interest.

Freud also compares briefly the mechanisms of paranoia and dementia præcox. Where the paranoic in his attempt at healing makes use of projection, the dementia præcox patient utilizes the hallucinatory (hysterical) mechanism. Further, the outcome in dementia præcox is more unfavorable in the severe cases, since the victory remains with the repression instead of with the reconstruction as in paranoia. The tendency of the dementia præcox patient is to stay in his shut-off world, of the paranoic to make a new world in which he can live. We may have the two conditions combined.

In conclusion, Freud expresses his belief that in essentials the neuroses (probably including certain psychoses as paranoia and dementia præcox) arise from conflicts between the ego and the sexual instinct and that the forms preserve the imprint of the history of the development of the libido.

In an article by Dr. S. Ferenczi, of Budapest, on "The Rôle of Homosexuality in the Pathogenesis of Paranoia," the author takes up the subject which we found emphasized in Freud's "Schreber Case," namely, the relation of homosexuality to paranoia, and fortifies his conclusions by brief abstracts from the analyses of four of his paranoic patients. Before proceeding to the latter, we will find it instructive to note his introduction, which I will quote in full:

"In the summer of 1908, I had the opportunity of discussing in several long conversations with Professor Freud the paranoia problem. We arrived at certain conclusions which had been developed in essentials by Professor Freud while I contributed certain proposals and applications to the final form of the ideas. We agreed first that the mechanism of projection as it was described in the single case of paranoia which had been analyzed

⁸ Ferenczi: "Über die Rolle der Homosexualität in der Pathogenese der Paranoia." Jahrbuch für Psychoanalytische und Psychopathologische Forschungen, Vol. III, Part I, 1911.

by Freud at that time, is in general characteristic of paranoia. We assumed further that the paranoic mechanism occupies a middle position between the contrasting mechanisms of the neurosis and dementia præcox. The neurotic frees himself from the affect which has become disagreeable by the different forms of displacement (conversion, transference, substitution), the dement withdraws his interest from the object and draws it back to the ego (autoerotism, grandiose delusion). Although the paranoic may seek the withdrawal of his participation, he succeeds only in part. A part of the desire is successfully drawn back to the ego -delusion of grandeur is lacking in no case of paranoia—but a greater or less portion of the interest cannot be set free from its original object nor turned back to the ego. This interest, however, has become unbearable to the ego so that it is objectivated (with inversion of the affect, i. e., with negative characteristics) and thus forced out of the ego. Thus the tendency which has: become unbearable and withdrawn from its object returns to consciousness as a perception of its negative from the side of the beloved object. Out of the feeling of love arises the feeling of its opposite.

"The expectation that further observation will prove the correctness of this assumption has been fulfilled. The cases of paranoid dementia which MAEDER⁴ published in the last volume of this Jahrbuch confirm Freud's assumptions in far-reaching measure. Freud himself has by further studies not only been able to confirm these basic principles of paranoia but also certain finer peculiarities which we presuppose in the mental mechanism

of the different forms of paranoia.

"The aim of this publication is, however, not the discussion of the whole paranoia question (to which Professor Freud himself is devoting a larger work) but merely the communication of some results which have come from the analysis of several paranoics. It turns out that the paranoic mechanism is not set up as a defence against all possible investment of the libido but according to present observations is directed only against the homosexual object choice.

"Even in the first case of paranoia analyzed by Freud, the

⁴ Maeder's interesting article will be reviewed in a later number of this series.

homosexuality played a strikingly large rôle, one not sufficiently appreciated by the author at that time. Also in Maeder's investigations in paranoid dementia 'undoubted homosexual tendencies' were disclosed behind the delusional ideas of persecution. The observation of several cases which I will now sketch allows the assumption to seem justified that homosexuality in the pathogenesis of paranoia does not play an accidental rôle, but the most important one, and that perhaps paranoia in general is nothing else than distorted homosexuality."

The first case was a man of 38 years, husband of a woman who worked for the doctor, a servant in the post-office. He lived with his wife in a part of the doctor's dwelling, so that the latter had a good opportunity to observe him. At first he seemed an excellent servant, was most friendly and obliging and performed many services for the doctor. After a time, he began to drink heavily, come home late and abuse his wife both with language and physical violence. He accused his wife of being untrue, although she was a model of propriety (alcoholic delusion of jealousy). A lecture by the doctor cut short this attack and restored peace for a time. There were many signs of an abnormal fondness of the patient for the doctor's person, such as kissing his hands, etc. This attitude changed into its opposite during the attacks of alcoholism and jealousy, when he suspected the latter of being too intimate with his wife, etc. This paranoic tendency finally became so pronounced (patient kept a sharp kitchen knife by him and threatened to stab his wife and the doctor) that he was committed to an institution. An investigation showed that he had been previously married and had carried on in a similar manner with his first wife, so that she had finally secured a divorce. Ferenczi looks upon the alcohol in this case as a destroyer of sublimations, allowing the underlying homosexuality to come to the surface. "Thus the alcoholism was not the deeper cause of the paranoia, but in the insoluble conflict between his conscious heterosexual desires and his unconscious homosexual ones, he turned to alcohol; this, by destroying the sublimations, brought into view the homosexual eroticism which his consciousness got rid of by means of projection and delusion of jealousy."

Case II presents an even clearer picture of the phenomena which the author is discussing. The patient was a young married

woman who had for some years lived a comparatively peaceful married life. She had borne two children, the first a daughter, the second a son. It was after the birth of the latter that the mental trouble broke out in form of a delusion of jealousy. She became intensely suspicious of her husband and especially toward two classes of women, (1) quite young girls, 12 to 13 years old, and (2) old ugly women. Of women of her own social circle, even if attractive and pretty, she was not jealous. Her behavior became so unbearable and finally threatening that she was brought to the sanatorium. Ferenczi thought he might help her by analysis, but succeeded only in showing the mechanism of her trouble without accomplishing much of therapeutic value because of the transference upon himself of the feelings she held for her husband. Besides the delusion of jealousy, she also had delusions of grandeur and reference. Certain newspaper articles had been inspired by her enemies to reflect on her morals.

Some of the facts elicited by the partial analysis were: Her marriage had been one of convenience arranged by her parents. She had considered her husband as common and coarse, but had submitted to the marriage and for a time made the best of it. The birth of a daughter had troubled her because she thought her husband would prefer a son. About this time appeared the first signs of the jealousy, directed toward a 13-year-old maid in the household. She made the latter swear that her husband had done nothing to her. This quieted her at the time and she went along until the birth of the son, when she felt that she had done her duty by her husband and was now free. A double phase of behavior now set in: she was jealous of her husband and at the same time acted coquettishly toward other men. To make her husband impotent for other women, she compelled him to practice coitus several times each night. If she left the bedroom for a moment she suspected him of letting in another woman.

In the sanatorium, the patient found great pleasure in watching other women in the bath. An attempt to gain knowledge of her youthful attitude toward girl playmates met with great resistance but enough was elicited to show that she had been abnormally attached to them and to her nurses. She had sisters but no brothers.

Ferenczi sums up the case as follows: "This case of delusion

of jealousy only becomes explicable when we assume that we are dealing with a projection upon the husband of her own attitude toward her own sex. A girl who has grown up amid almost exclusively feminine surroundings, who as a child became too strongly attached to the female servants and in addition practiced for years sexual acts with a girl of her own age, is suddenly forced into a marriage of convenience. She submits, however, and rebels only once against the condition of not loving the husband when her desire for her childhood ideal (a little servant girl) is touched upon. The attempt at repression fails, she can no longer endure the homosexuality and must project it upon the husband. That was the first brief attack of jealousy. Finally, when she fulfills her duty and has borne him the desired son, she feels herself free. The hitherto pent-up homosexuality violently invests all objects which afford no possibility for sublimation (young girls, old women, servants) in grossly erotic form, yet this whole eroticism with exception of those cases where she can conceal it under the mask of harmless play, she imputes to the husband. In order to fortify herself in these lies, the patient is compelled to make the pretence of coquetry toward the male sex, toward which she really feels indifferent, indeed to act like a nymphomaniac."

Case III was a journalist who was constantly complaining to the civil and military authorities that an officer who lived across the street from him shaved himself in the window, sometimes in shirt-sleeves, sometimes with upper body naked. Further, he complained that the officer dried his gloves on a line in the window. The patient made a great ado about these things, seeking redress from one authority after another and when these refused it declaring them his enemies. The reason which he gave for being so much disturbed by such apparently trivial matters was that his duty to his sister who lived with him compelled him to do so.

Ferenczi thus summarizes the case: "The outbreak of the delusion of persecution, perhaps long hidden, was precipitated by the sight of a half-naked officer; the latter's shirt, underclothes and gloves also seem to have made a great impression on the patient. Females were never complained of nor accused; he always quarreled and fought only with men, mostly officers or higher dignitaries. I interpret that as the projecting of his own

homosexual pleasure with negative characteristics upon those persons. His desire, forced out of his ego, returns to consciousness as the perception of a persecutory tendency on part of the object of his unconscious pleasure. He keeps trying until convinced that he is hated. Now he can allow his homosexuality expression in the form of hate and at the same time keep it concealed from himself. The preference for being persecuted by officers and officials may have been determined by the official status of his father or the fact of his brother's being an officer; I suspect that these were the original infantile objects of his homosexual phantasies."

Case IV was a teacher in the common schools who suffered from dementia præcox with strong paranoid symptoms. His greatest enemy (delusional) was a school director whom he had formerly greatly loved and revered. Ferenczi sums up the case: "Here we have a man who for a long time successfully sublimated his homosexuality, but since his rupture with a formerly revered director must hate all men and as a reason for his hate must interpret every expression, every gesture, every word in the sense

of his persecution."

In concluding his article, Ferenczi remarks that "the published clinical histories justify the belief that the essential process in paranoia is a re-investment of the homosexual objects of desire with unsublimated libido which the ego guards against by means of the projection mechanism.

"The elucidation of this process would naturally bring up a larger question, that of the choice of a neurosis (Neurosenwahl—Freud), namely, what conditions must be fulfilled in order that there proceed from the infantile double sexuality, the ambisexuality, either the normal preponderance of heterosexuality, the homosexual neurosis or paranoia."

5"I propose to use instead of the expression 'bisexual tendency' in psychology the term ambisexuality. Thereby would be signified that in this disposition we do not understand the presence of male and female matter (Fliess) in the organism or male and female libido in the mind but the mental capability in the child to turn his originally objectless eroticism toward the male or female or both sexes and fix himself either on one of the sexes or on both."

(To be continued)

TRANSLATION

WISHFULFILLMENT AND SYMBOLISM IN FAIRY TALES

By Dr. Franz RIKLIN

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OF WASHINGTON, D. C.

INTRODUCTION

In psychiatry and the related sciences there has lately broken out a struggle for and against the Freudian theories. I count myself fortunate to be able, by means of such beautiful, inviting material as fairy tales, to bear a weapon in this conflict.

An accident, in which a chain of causes culminated in a careful examination of the Freudian mechanisms (the foundation works of this investigator have naturally become of the greatest importance for the proposed work) led me, through working with fairy tales, to go forth out of the realm of clinical psychiatry and tread ground that was formerly not especially known to me but where I soon felt myself at home. For the psychology of fairy tales, as we have learned to know through Freud, stands in close relationship to the world of dreams, of hysteria, and of mental disease. My excursion into this territory was fraught with certain difficulties all of which I could not overcome and which prevented me at first from getting anything conclusive from my researches. The material is too great for a novice to be able to fathom it in all directions in a short time, so I was provisionally constrained to take my examples from only a portion of the known collections of fairy tales. The greatest difficulty was due to my philological and my historical shortcomings. With a broader philological knowledge more could be gained from the same material. I have, for example, an impression, that in the Germanic mythology many documents lie buried that to me were simply inaccessible.

However, that is not an absolute obstacle. One is entitled to examine the separate tales as final in themselves for when, in a given instance, the work of interpretation is successful and the symbols are explained, each tale is dealt with as a complete theme in itself. Some render, apparently unaltered, old myths, which we analyze with success as psychological wholes. Others contain and utilize only fragments of myths as material for a new one that again is complete in itself. These mythological fragments have been followed up actively but the full significance of these tales has not been grasped nor exhausted. Psychological analysis by the use of Freud's methods and results was the first to accomplish This is successful, for the fairy tales are inventions of the directly utilized, immediately conceived experiences of the primitive human soul and the general human tendency to wishfulfillment, which we find again in modern fiction only somewhat more complicated and garbed in different forms. Thus we come to examine and interpret fairy tales and myths not only along astronomical and abstract lines but primarily in accordance with their deeper psychological trends.

Anyhow I arrived at the pleasing and important conclusion, that for my work, it was not necessary for the investigation of fairy tales, in a psychological sense, to know their historical pedigree first. In fact this is often impossible. I found in the introduction to "Sammlung Neuisländischer Volksmärchen" by Frau Dr. Rittershaus¹ the following, for me, not a philologist, consoling conclusion: that the Icelandic fairy tales are found step by step in agreement with the German folk tales; that they, in part at least, are common Germanic property, but that, especially, the theory that all European fairy tales sprang from India is incorrect. Many facts establish, how a whole mass of fairy tales, especially in Iceland, are indigenous, autocthonous, that in certain ones a later immigration is demonstrable; that the great majority of fairy tales have probably arisen at different places and at different, indeterminable times; that it is impossible, to locate the home of the folk tales, as little as it has been possible to trace them all back to one hazy Aryan myth.

And Stoll ("Suggestion und Hypnotismus in der Völkerpsy-

¹ Halle a. S., Max Niemeyer, 1902.

chologie," II. Auflage, Leipzig, 1904) shows in different places, how suggestive and autohypnotic actions, procedures and views of the same sort occur among peoples who are not closely related one with one another either geographically or historically or through descent. Only the psychic foundation is everywhere the same.

Finally my work itself proves to me that the human psyche produces at all times and in all places suggestive and hypnotic phenomena, produces universally, just as general, for example, a symbolism, which is chiefly constructed from the unconscious and which is found in fairy tales as a primitive poetic production, and again in the dream and in psychopathology.

Now certainly the scientific method in the psychological exploration of fairy tales is circumscribed by the investigation of dreams and of psychotic structures. Here, through many experiments, one can follow the sources and association paths which the elements in the formation of the dream story or the delusional structure have supplied. One can compel the psyche, through such wider information, to affirm or deny its meaning. The creator of these fairy stories in his traditional form is dead or unknown to us. We have, therefore, on the one hand, to refer to the comparison of existing documents in order to get at the correct interpretation; on the other hand, however, the human psyche in the dream and in conditions in which the unconscious is especially active, and also in abnormal psychic activity, is always still a fairy poetess, and a continued comparison of these products with the fairy tales permits us to draw the most valuable conclusions.

It is surprising how great a rôle the sexual plays in fairy tales and how great is the agreement of the sexual symbolism with that of dreams and psychopathology. When one realizes and admits, however, that the sexuality, besides hunger and the social factors, plays a leading rôle in life and constantly influences our thoughts and actions from youth up (for the sexuality develops, like everything else, from an infantile form to a full, many sided structure) then it does not appear in any way surprising, although the fairy tales appear to us in a new, less childlike garb. They lose on that account nothing of their charm and power of attraction.

WISH STRUCTURES AND THEIR FORMS

I must refrain here from a statement of the Freudian investigations into the dream life and the significance of dreams as wish fulfilling and refer to Freud's "Traumdeutung" itself. I cannot enter into a discussion of the results although it is now the order of the day in psychiatry. I rely upon numerous works of others who have successfully handled Freud's methods, and on my own previous studies. Examples of well analyzed wish dreams are to be found nearly everywhere.

I cannot refrain, however, from taking an example from life. A young man had seen, for the first time, the young lady who later was to become his wife. Soon thereafter on falling asleep he had the following optic, extraordinarily plastic, symbolic dream. He stood before a large portal hung with thick, blooming garlands. Two garlands were fastened to a button at the upper part of the door and hung down separated one from one another. While the portal was at first about the size of a mouth it became a church portal into which he as a very small man entered. It appeared to him as though he was leading someone.⁸

Naturally here we are dealing with an erotic wish dream which is prophetic of a happy future while indeed only too often the wish fulfillment in the dream is a surrogate for reality which

refuses the fulfillment of the wish.

The single elements of this symbolic marriage in which coitus as well as the marriage ceremony are contained in strong condensation, in flowery, colored dramatization, spring from the events of the preceding day. The young man had called upon an acquaintance and stumbled unexpectedly upon the preparations for the arrival of an heir: the child's bed was embellished with the usual curtains, these gave the garlands in the dream their form, which on the other hand showed a great similarity with the external formation of the female genitals; his own person as a small man, that entered under this wreathed portal, is a very ingenious

² For example, Bleuler and Jung in Zürich.

^{1 &}quot;Die Traumdeutung," 1900.

⁸ Compare the picture "Triumphal Procession of Priapus" by Salvisti in Fuchs, "Das erotische Element in der Karikatur," 1904.

dramatization of masculinity. The festive green was co-determined by the sight of the little daughter of another acquaintance whom he had visited on the same day, who had smeared her mouth, in eating, with greens and so looked very funny.

These details suggest how many single elements, all springing from the same ideational sphere, but dispersed, are brought together in the structure of the symbolic dream picture.

The fairy tale also, since it appears as a wish-fulfilling structure, may also often gather its material from widely separate sources, from other fairy tales, from myths, which in their essentials have a different content, in order to arrange the parts into a new whole, with a new content.

"Freud maintains, that our psyche has the tendency to so work over the world picture that it corresponds to our wishes and efforts. This tendency comes to light unhindered in all situations where thoughts, as moulded by external circumstances, are disturbed in their logical relations to reality. That is the case in the dream, then, however, also in all psychic activities of waking, which are not guided by attention."

Proceeding from this position Bleuler⁴ shows the occurrence of Freud's mechanisms in the different psychoses.

In order now to show the fairy tale in its relationship with other wish structures I give the following example.

We take Bleuler's own example in his last cited work, which shows the proneness of poetic phantasy to roam into the wish territory.

The poet, whose longings reality can not still, creates for himself, quite unconsciously, in phantasy, what life has denied to him. Many of the most beautiful love songs have been written by those who were unhappy in love. Gottfried Keller had no luck precisely with those women who corresponded to his high ideals; therefore he had the need to commit "the sweetest of poetic sins, to invent lovely women such as are not found on this sad earth." This busying himself with pictures of women is for him the substitute for love. One of the greatest of writers for children of all time, Johanna Spyri, began first to write when she had to give up

⁴ Bleuler, "Freudsche Mechanismen in der Symptomatologie von Psychosen," Psychiatr.-neurol. Wochenschrift, 1906, No. 35 and 36.

longed-for grandchildren; she has made grandchildren for herself in her poetry.⁵

Walter von der Vogelweide, who often mourned over his poverty, tells in his poems frequently of unveiled wish dreams which his chivalry-loving ideals let come to pass.

I wot it came to be
All lands were serving me;
My soul was light and free,
No care to burden me;
The body, at its ease,
Was moving as it pleased;
Nought there was to trouble me.
May God decree what is to be—
A fairer dream I ne'er shall see.

In still more detail he relates a wish dream in the following poem:

Lady, take this wreath,—
I said to a beauteous maiden;—
And you will grace the dance
With the flowers, fair to see.
Had I but precious stones,
You should be decked therewith;
Believe my promises,
Behold my faithfulness!

She took what I held out,
Like a joyous child,
And her cheeks flushed
Like roses among the lilies.
Graciously she bowed her head,
But dropped her beauteous eyes—
And this was my reward,
None greater did I crave!

Through what she did to me I must at this summer time Search the eyes of all maidens, My anxious quest to end—

⁵ Since then the wonderful analysis of Freud has appeared: "Der Wahn und die Träume," in W. Jensen's "Gradiva," as the first volume of these "Schriften." Unfortunately we know too little of the psychological relation in which the poet of this Pompeyan phantasy stood to it. Probably in a very intimate relation; it is one of the "living" poems.



Will she come to this dance? Lady, by your graciousness, Raise the veil—let me peep Underneath the garland.

So fair and sweet are you,
That gladly will I give
The best of all I have.
I know of flowers, red and white,
Growing many in the meadow,
Where they unfold in beauty,
And where the birds are singing—
Then together let us pluck them!

Greater happiness I never felt
Than had now fallen to my lot!
From the blossoming trees
Petals dropped on us and o'er the grass,
Then I laughed with joy.
As I was so happy,
And so rich in my dream,
The dawn came, and I must waken!

In "Kokoro" by Lafcadio Hearn there is a charming Japanese tale "The Nun in the Temple of Armida." It describes very effectively the formation and activity of a psychic wish and substitution formation that follows in some measure Bleuler's example of Johanna Spyri. There the poetess creates in phantasy the wished-for grandchildren, here the mother her lost child, going to the point of formal indentification.

In the original it is related, in wonderful language, how O-Toyo during the long absence of her husband in the service of the liege lord, performed, with her little son, the daily duties and attended piously to all the good, religious customs that were observed on such occasions. Daily she spread for her husband who was afar off, a miniature meal on a small table, as if the manes and gods offered it. If there is moisture on the inner side of this little dish cover, she is peaceful, because she is then certain, according to the prevailing belief, that her absent sweetheart still lives. Her small boy is her constant joy and she busies herself with him in various intimate ways. They wander together through the wonderful country to the far-off mountain Dakeyama, seen in the distance, where all those go, who wait anxiously for

dear ones far away. On the peak of this mountain stands a stone of the same height and similar in appearance to a man, about which pebbles lay and are heaped up. A nearby Shinto sanctuary is dedicated to the spirit of a princess, who looked out from the mountain after her distant beloved one until she was consumed by sorrow and turned into stone. In going away one prays and takes one of the piled up pebbles along. If the beloved one returns the stone must be taken back and offered as a gift of thanks and in remembrance, with a number of other pebbles.

O-Toyo's husband died while away and shortly afterwards the little son died too. All this only came to her consciousness in sudden flashes. Between these flashes of knowledge reigned that deep darkness which the gods in their pity have given to man.

Now comes the fulfilling wish structure. As the darkness begins to recede and O-Toyo is left alone with her memories she orders small playthings, spreads out children's garments on the grass, fondles and chats with smiles that often, indeed, change to loud, convulsive sobs.

She has recourse to magic rites. The wise priest strikes, after a suggestive ceremonial, upon a curved instrument and repeats "Hitazo-jo!" "I have come." In calling he gradually changes his voice, until it takes on the sound of that of the wished-for deceased, whose spirit has now entered into him.

In this manner O-Toyo receives the following consoling knowledge: "O mother, cry no more on my account, it is not right to moan for the dead; their mute way leads over a stream of tears, and when mothers cry, the flood rises so the soul can not get over but must wander restlessly here and there."

From this hour on she was no longer seen crying. But she will not marry again and has commenced to manifest a strange love for every thing little. Her bed, the house, the room, the flower vases, the cooking vessels are too large for her. She eats only out of tiny dishes with small, children's knives and forks, and spoons. She is permitted to do as she wishes for she has no other caprices.

Her parents, with whom she lived, were old and advised

⁶ The same idea is at the bottom of the fairy tale of the "Little Tear Jug"; see following.

O-Toyo to become a nun in a little, wee temple with a little altar and small pictures of Buddha so that she would not be among strangers. She agreed gladly and a little temple with all its little parts was built for her in the court of the former temple of Armida. She made garments on a little loom that were much too small for use, but which were bought by certain store keepers who knew her story.

Her greatest joy is the society of children who pass most of their time with her. The children play with her as their equal and she is like a sister to the small ones. And after her death they set up a wee little grave stone.

The tendency to identification with the wish object, which reaches, in this story, a very intensive grade of the wish-fulfilling activities, has been observed by others in the psychoses, namely dementia præcox.

I take the following example from Jung: a woman in the climacterium suffered a condition in which she felt her arms and legs becoming always smaller; she wished to be carried in the arms and felt how she would let herself go. Such patients also coin expressions—"I am" instead of "I would like to have" with relation to the wish object. Compare Jung,7 "I am the main key," "I am the crown," etc., instead of "the main key belongs to me," etc.

Bleuler, Jung and the author have published in recent times a great number of examples of wish dreams, wish deliria, and permanent symptoms, namely ideas of grandeur in the psychoses, which are conceived as pathological compensation products of unfulfilled and unfulfillable wishes.

The ideas of grandeur of a patient who is Queen Regent, God of Love Semele, Mary, Venus, Ida von Toggenburg, Princess Thorn-Rose, Cinderella, Bundesgerichtsdame Helvetia, von Jung Elfenlieb, Simmenthaler Rassenkalb and many other titles of high social position or great fertility, as well as the mistakes of the persons united in her and of her desired husband Zeus, Helveticus, Märchenprinz, Muneli von Steiermark (a blue ribbon bull), etc., suggest not only the relationship of these wish titles with the wish structure of the fairy tale but also the deeper understanding of

Jung, "Ueber die Psychologie der Dementia praecox," Halle a. S., C. Marhold, 1907. See Monograph Series, No. 3, for translation.

the fairy tales by the patient in the sense in which they should be understood in this work.

Social weakness, intellectual and other defectiveness, defeat in the sexual competition. Lack of sexual satisfaction is often bound up8 with the disposition to psychoses, so that it must not surprise us, if the psychoses produce, in like frequency, wish structures, and that the patients, in these structures, are rich, fruitful, strong, of princely descent, marry princes and princesses, and that the rivals and adversaries are killed and avenged.

Indeed the clinical forms of these wish structures and the diseases belonging to them are very varied.

A poor maiden wanted to marry a shoemaker and did not get him. We are poorly informed of the exact processes at the beginning of the psychosis. But a peculiar motor stereotypy which lasted over thirty years could still be traced back to its origin. During the whole day, tireless as a pendulum, she stroked the back of the left hand with the back of the right fist, so that the skin over the joints of the fingers of the right hand was thickened and horny and the joints themselves, as was demonstrated at autopsy, had suffered a wearing away of the articular cartilages (so-called arthritis deformans). It turned out that the stereotypy had followed from, what in the first years was a quite clearly recognizable movement of shoe polishing, which points us to the relation with the unhappy love for the shoemaker.

Another form is that of the wish delirium.

A young woman with a very good literary and musical education, wished nothing better than to marry a young and excellent artist. Her wishes were without prospect of fulfillment; an acute illness set in. She was committed to the asylum and conceived of the commitment of herself and everything that happened about her as a descent into the underworld. The determiner of these thoughts was the artist's last work "Charon." The further happenings in her environment she interpreted by the occurrence of a whole mass of reminiscences brought together out of her life, as difficulties or objections, which opposed her union with her beloved, but finally everything was overcome. Finally she saw in a fellow patient her beloved and slept with her several nights.

8 The question of the causality of these factors will here be left open; certainly there exists a tension between the attainable and the wished for.

After this she believed herself pregnant, felt and heard twins in her womb, later believed herself later to have been delivered of them and hallucinated a child by her in her bed. With this the wish delirium, of nearly three months standing came to a close. She had found—unfortunately not definitely—a curative surrogate for reality.

Among the so-called prison psychoses, mental diseases which are produced through confinement, and either belong to the known clinical disease groups or perhaps occur as independent diseases, are found certain cases of outspoken wish type. The voices announce freedom, beloved relations rescue the prisoner or similar things. Moritz von Schwind has represented in an exceedingly convincing manner in his "Dream of the Prisoner" the wish dream of one in confinement (original in the Schack gallery in Munich).

The wish structure can, as already said, take on any number of clinical forms, ecstasy, cataleptic states, transitory sensory falsifications, hysteriform attacks, mimic automatisms, the progressive development extending over years of a wish-fulfilling delusional system with otherwise correct behavior, and so forth.

Naturally it is not meant to say that all that we see in the mental diseases are only wish structures, however these stand to the remaining appearances of the pathological complex in a quite special relation which we will not follow further here.

I hope through narration and observed examples taken from literature, more than through such a clinical and theoretical exposition, to have shown the significance of wish structures in our psychology and so to have prepared the understanding for similar structures in the fairy tales.

III

THE WISH STRUCTURE OF THE FAIRY TALE. FAIRY TALES AS WISH STRUCTURES

There are countless fairy tales which when submitted to analysis and taken as a whole are found to represent the most splendid wish structures. Innumerable fairy tales, as well as myths and legends, tell us about magic gifts, objects and qualities, which the human wish-phantasy has created.

In the "Bekenntnissen einer schönen Seele" (Goethe, Wilhelm Meisters Lehrjahre, Book VI) this conception of the fairy

tales is very beautifully presented:

"What would I not have given to possess a creature that played a very important rôle in one of my aunt's fairy tales. It was a little lamb that had come to a peasant maid in the woods and had been fed; but in this pretty little animal there was an enchanted prince, who finally appeared again as a beautiful young man and rewarded his benefactress by his hand. Such a lamb I would have loved to possess." The story of the "Nun of the Temple of Armida" gives us an opportunity to enter upon a group of fairy tales of which the story of "The Little Tear Jug" serves

as a good example.1

Three days and nights a mother watched, cried and prayed at the sick bed of her only beloved child without whom she could not The child died. The mother was seized with a nameless pain, she did not eat or drink and wept three long days and nights without ceasing and cried out after the child. Then the door softly opened and before her stood her dead child who (in the present wording of the tale) had become a holy angel and smiled in glory. He carried in his hands a little jug that was almost running over. He said: "O dear little mother, weep no more for me! See! in this jug are your tears which you have shed for me. One more and the little jug will overflow and then I will no longer have any rest in the grave or any blessedness in heaven. Then weep no more, for your child has been raised on high and angels are his playmates." With that he disappeared and his mother wept no more tears so as not to disturb her child's rest in the grave or his joy in heaven.

If we take the motive here in "The Little Tear Jug" and in the Japanese story of "The Nun of the Temple of Armida" which appears as magic, in its psychological significance, so we have a teleological structure that is equivalent in its psychic healing tendency to the other wish structures. This fairy tale might just as well be the true narrative of a dream experienced by a person in the circumstances described which led to the stilling of their sorrow and to rest.

¹ Ludwig Bechstein's "Märchenbuch," II. illustrierte Ausgabe, Leipzig, G. Wigand, 1857.

Now it is not only in regard to single events, but this healing agent has come to be a general, psychic purposeful belief that the dead as a result of excessive grief are disturbed in their rest. That is not a therapy for the dead but for the living. The same belief is expressed in the words of the spirit of the dead child who by autosuggestion has entered the Japanese priest and attains in the good O-Toyo the wished-for object. And does not the Christian belief, that the dead children all go to heaven, work quite the same way?

The same motive in a somewhat different setting is treated in another fairy tale, "The Shroud" (Grimm).

The mother wept after the death of her little boy. Soon after the child appeared at night in the place where it had eaten and played during life; the mother cried and so did the child and then disappeared at morning. As the mother would not cease weeping it came in the night in its little white shroud, sat at the foot of her bed and said: "O mother, stop crying or I cannot rest in my grave for my shroud is wet with the tears which fall on it." As she heard this the mother was frightened and cried no more. The next night the child came again holding a little light in his hand and showed that now as his shroud was dry he could rest in his grave. Then the mother commended herself to God in her grief and bore it quietly and patiently² and the child did not return but slept in his bed under the ground.

The hallucinations whose sudden appearance, for example, stays the hand of the would-be suicide often belong in the domain of the teleological, defense mechanisms, indeed not only as cures for psychic wounds but as protection against danger.

We turn to numberless wish structures occurring in fairy tales—also in mythology, legends, beliefs in magic, etc.—which may be pointed out with little difficulty to correspond, in part most naïvely, to human wishes created from our insufficiencies, this is one side of their significance at least. (Probably they have still another, erotic side.)

In itself it is not striking that the fairy tale should concern itself so much about kings; the matter acquires a wish coloring, however, as soon as we consider many fairy tales in which the

² For further literature see Rittershaus, "Neuisländische Volksmärchen," pp. 14 and 15.

poor peasant maid marries a prince and the shepherd boy a princess. Those are wish structures!

A whole mass of means serve for the betterment of human deficiencies. Seven league boots for Hop o' my Thumb, strength giving belts, gloves, drinks; to the wish to be able to fly correspond cloaks and enchanted birds as means of transport; a little bed, with which one may be carried everywhere one wishes; or one is changed directly into a bird; the desire to eat is fulfilled by "little table set yourself." Magic hoods and stones serve to help against persecution or then magic combs that turn into forests, magic handkerchiefs that interpose a great body of water between the pursued and the pursuer, etc. Riches are acquired through the gold-shedding mule, or by vanquishing giants by magic means. There are tubes and magic mirrors to enable one to see and to know everything that goes on over the whole world. There are magic wands for turning living or lifeless beings into what one wishes and not the least in order to injure one's enemies. There are means to look into the future and to attain one's wishes, apples of life and water of life for rejuvenation and the preservation of this otherwise all too short existence.

This enumeration is naturally quite incomplete; it contains only examples. A more detailed citation is probably superfluous as in every collection of fairy tales examples may be found without much difficulty and mythology contains numerous proofs.

Two great groups of fairy tales show, for example, in their present completed form a distinct wish formation, namely the so-called stepmother tales, and the fairy tales in which the mentally or physically, weak- and feeble-minded are the heroes.

If we take these fairy tales as such they must be conceived at once as wish dreams or other corresponding wish structures of the rejected maidens or the simpletons. A similar relation can be worked out as with the motive of "The Little Tear Jug." What can be for the individual a healing, wish-fulfilling surrogate for reality, can also be generalized as a wish product of a whole set of people, of an entire category of people living under the same conditions, in which connection the appropriateness is not as important as the psychological tendency to think in the sense of the wish.

(To be continued)

ABSTRACTS

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- Further Suggestions as to the Technique of Psychoanalysis. Sig-MUND FREUD.
- 2. The Relation Between Anxiety Neurosis and Anxiety Hysteria. Ernest Jones.
- 109 _ 1 3. On the Psychopathology of Anxiety. L. Seif.
- 4. Contribution to the Analysis of Sadism and Masochism. PAUL FEDERN.
- 75. The Matron of Ephesus. An Investigation of the Meaning of the Fable of the Faithless Widow. Отто RANK.
 - 1. Technique of Psychoanalysis.—Continued article.
 - 2. Relation Between Anxiety Neurosis and Anxiety Hysteria.—
 Our advance in the knowledge of the pathology of anxiety states may be divided into three steps: (1) When, in 1895, Freud distinguished from neurasthenia a clinical picture which he called "anxiety neurosis"; (2) when, in 1898, he created the concept of anxiety hysteria in order to indicate certain fears; (3) when, in 1912, Stekel showed that the same psychical factors that played the chief rôle in anxiety hysteria also were effective in apparently pure cases of anxiety neuroses.

The question is,—which of the two aspects, the physical or the psychical aspect, of the sexual impulses, is the more important as a reason for these neuroses. Many authors assume that the problem is essentially physical. If one examines the situation carefully, he sees it to be essentially one of intrapsychical conflict. This conflict arouses an inborn fear instinct against repressed sexual wishes which expresses itself as pathological anxiety. There are cases of anxiety neuroses in which the removal of the physical factors (coitus interruptus, etc.) results only in a partial improvement, and other cases in which such factors utterly fail. The analysis of such cases always

demonstrates infantile psychical moments, such as are characteristic of anxiety hysterias. For these reasons one must attribute to psychical factors the essential causative agents to all anxiety states. Bodily factors alone can probably never produce pathological anxiety.

Freud distinguishes between the "actual" neuroses and the psychoneuroses in three ways: (1) The individual symptoms of the first are unamenable to any further psychological analysis; (2) the causes of the first are physical, the second psychical; (3) the cause of the actual neurosis is actual (present), while that of the psychical lies in the past (childhood).

The psychoanalytic treatment of an anxiety neurosis should be undertaken only if the treatment of the physical factors gives no improvement, and when the treatment of such factors is not easy, as in

the case of widows over forty, and maidens.

The essential cause of all forms of anxiety states consists in a deficiency of psychical satisfaction for the libido. Anxiety springs from the inborn fear instinct and the exaggeration in its expression is due to a defense against repressed sexual wishes. In all cases the psychical factors play an important part, in many the only part. Physical factors accompany them often, but in no case they alone give rise to an anxiety state. Physical factors are much more important, however, in anxiety neuroses than in anxiety hysterias. The anxiety neurosis should be considered as a single symptom of the anxiety hysteria, which is the wider concept.

3. Psychopathology of Anxiety.—After a short but intensive historical orientation, the author takes up the Freudian point of view. "If under certain conditions the psychophysiological sexual excitation can find neither bodily nor mentally an outlet, then there arises, psychically, the picture of pathological anxiety, physically, its accompanying physiological phenomena." According to Freud, pathological anxiety is a substitute for sexual satisfaction: according to Jones pathological anxiety is a reaction against repressed sexuality. To the author a combination of these two views is necessary to get the true conception of pathological anxiety. "The mechanism of anxiety, wherever and under whatever conditions it appears, whether normal or pathological anxiety, is always the same, a defensive or protective mechanism, obviously the result of thousands of years of biological work in the service of the preservation, development, and adaptation of the individual to the outer world."

Pathological anxiety differs from the normal in three ways: (1) In normal anxiety the personality is unified; in abnormal, however, it is divided. Pathological anxiety has a bipolar structure. (2) In contrast to normal anxiety, pathological anxiety is always related to

sexuality. And (3) pathological anxiety has an inordinately greater intensity than its physical occasions warrant, in contrast to normal anxiety, where the occasion is adequate to the effect.

The author finds a final significant character of pathological anxiety in the passive, feminine character, only here much increased, namely, the masochistic component of the sexual impulse. The author concludes that out of new and deeper insight comes a new possibility of helping sufferers.

4. Contribution to the Analysis of Sadism and Masochism.—The author narrows his field to an investigation of the relation between sadism and the active sexual component only, and only for the masculine sex. The author does not believe that the active component of the sexual impulse is identical with sadism, but is changed into sadism by a peculiar psychic mechanism. This change takes place at a time when sexuality is not mature, but nuclear, autoerotic, for specific sadism is traced back to a pre-puberty age, often to the infantile life of the individual. Hence sadism is a result of the mechanism of the unconscious. Sadism is no simple, sexual component, but the immature, masculine, active sexuality, unconscious to the child during development, becomes transformed from the primary psychic system into sadism, through the mechanism of the unconscious. Sadistic impulses arise out of the infantile, immature, but active feelings in the penis. The author seeks to establish his position by showing the connection between sadistic dreams and sensations in the penis. The case of a man who had gonorrhea is quoted. Only during the disease did he have sadistic-masochistic dreams. Another patient, suffering from urethritis posterior in consequence of gonorrhea, had a dream of a fight. No dream is known to the author, though, where pleasure in pain itself is shown. He deduces from that, that algolagnia is not identical with "sadomasochismus."

This position is supported by the childhood histories of many sadists. The relation of sadism with the excretory organs is in the highest degree complicated. The employment of these processes as the expression of sexual activity is the simplest. Typical are those cases where children like to daub up others. Coprolagnia and urolagnia complicate matters. Sexual tyranny is the minor picture of masochism and is characterized by a sexually toned desire for power.

To sum up: If one seeks to trace back to its roots the complicated picture of sadism he will find the original root to be sexual, in particular. The source of energy of sadism is libido.

5. The Matron of Ephesus.—In this fable a widow mourns for her dead husband, refusing food and drink. But after a while she returns

to life, so to speak, and actually substitutes the dead body of her husband for a thief hanging on the gallows in order to rescue the life of the new lover. The author shows that this is a common theme, having many versions. As a rule the story runs as follows: A wife learns that a widow was untrue to her husband and had very soon forgotten him. She regards herself as incapable of such disloyalty, but is convicted of faithlessness to her supposedly dead husband, and commits suicide by hanging. The account of Petronius is an excep-Petronius begins his story by the tale of the matron of Ephesus who decided to seek death by hunger, watching by the body of her beloved husband. She was forced to eat, by a soldier who was on guard near a crucified thief, and soon consoled herself by his love. She was compelled also by the soldier, who wished completely to subdue her, to substitute the body of her husband for that of the thief. This is varied by the wife not only dishonoring her husband's body by hanging, but also by mutilating it, that it might be a more complete substitute for that of the thief. Sometimes the story runs that she knocks out two of his teeth, or cuts off both ears, or as in Voltaire's "Zadig" tries to cut off his nose. From Freud's dream analysis we know that these are symbols for castration.

Now one can see the reason for the story of mutilating the body and why that is almost universal in the various tales. The widow is faithful, not to the body of her husband, but to his penis, and to that only so long as it gives her sexual satisfaction. That such a phantasy lies close to the minds of men is shown by the Japanese custom by which the widow preserves, embalmed, the penis of her dead husband. Scherring tells the case of a Belgian woman of his acquaintance who secretly cut off the penis of her beloved dead husband and preserved it in a silver box. An older illustration is that of a French woman who embalmed and perfumed the genitals of her dead husband and preserved them in a golden casket. But one does not need to go to such remote sources for examples. In the Egyptian saga of Isis and Osiris, Osiris is killed and cut into pieces, through jealousy, by his brother. Isis puts the pieces together again and breathes life into them; only the penis is lost and she has to make one out of wood. This unchangeable wood phallus, which is a good substitute for the originally embalmed member, has its counterpart in the series of tales of the faithless widow. A widow cannot bear to part with her beloved husband John, so she has a wooden image made and holds it all night, until her clever maid substituted her living brother. The woman was thus satisfied, and when the maid said she could get no breakfast because they had no wood, she told her to throw the wooden John in the stove.

Gradually, as the motive of preserving the phallus became offensive, it was transformed, through repression, into the wooden image of John. This transformation goes still further, when in the story the widow sacrifices the body of her husband as fuel to boil a can of fish for her new lover. In the next transformation the wooden image becomes a wax one, which is later melted and remoulded into candles for the wedding banquet.

We can now see the origin of the story of the faithless widow. It originally was only the fantasy of an especially faithful widow, who, after the death of her husband, shunned any other sexual intimacies, in spite of her inclinations, in order to gratify herself with the severed and embalmed genitals of her husband. This motive soon became offensive and was repressed, and in later tales became the foundation of stories of feminine faithlessness.

The author shows the connection of hanging with the story, through the fact, well known, he says, that when a man is hanged he has an erection.

The mechanism of these transformations is the same that Freud has shown in his "Traumdeutung," i. e., the displacement by emphasis from significant to insignificant parts of the story. Thus the origin of the story is obscured.

Zentralblatt für Psychoanalyse

ABSTRACTED BY C. R. PAYNE,

OF WADHAMS, N. Y.

(Vol. 2, No. 1)

- 1. Word Distortions in Schizophrenia. JAN NELKEN.
- 2. Contributions to Infantile Sexuality. M. WULFF.
- 3. Psycho-Analytic Study of a Stutterer. B. DATTNER.
- 4. Different Forms of Transference. WILHELM STEKEL.
- 5. Concerning "Directed" Dreams. S. FERENCZI.
- Two Interesting Cases of Mistakes in Speech (Versprechen).
 Ernest Jones.
- 7. The Mountain as Symbol. A. MAEDER.
- 8. A Contribution to the Subject of Infantile Sexuality. J. HARNIK.
- I. Word Distortions in Schizophrenia.—Nelken refers briefly to the work which has been done in the analysis of the neologisms of dementia præcox and dementia paranoides and goes on to emphasize the fact that these new-formed and distorted words have in every

case hidden meanings which can be revealed by psycho-analysis. He gives several interesting analyses of neologisms formed by a male schizophrenic whose chief complexes had to do with incestuous thoughts concerning his mother and sister and hostile ones against his father. He concludes his article by quoting Jung's words that "in dementia præcox there exists no symptom which can be called psychologically groundless or without meaning."

2. Contributions to Infantile Sexuality.—Wulff refers to the work of Freud and his followers in demonstrating the existence of a sexual life in very young children which exists, not as the complicated instinct of the adult, but in the component instincts which eventually amalgamate to form the mature sexual life. He cites several cases from his own observation which strikingly substantiate the Freudian view of sexuality in children. The latter part of his article is devoted to following in considerable detail three cases of convulsive seizures simulating epilepsy in children from eight to ten years of age. The causes of these he traces in partial analyses to premature and over-intense development of the sexual instinct caused by environment and other influences followed by excessive onanism. The development of anxiety (Angst) in these cases is also touched upon.

3. Psycho-Analytic Study of a Stutterer.—This author gives in sufficient detail to be readily followed the salient points in the psychoanalysis of a man of thirty-six years who had a pronounced impediment in his speech. The starting point in his trouble was revealed in a guilty conscience resulting from sexual aggressions committed when only a six-year-old boy against a four-year-old sister who later died. This guilty conscience with constant fear of discovery and punishment served as the underlying repression which drew in other events of his later life. The results of all these repressions were inhibitions in the speech function and other relations of life. These troubles disappeared in a surprising manner as the analysis proceeded. In a remarkably short time, the speech defect was almost entirely corrected and the patient rendered much more capable in other ways. An interesting point in this connection is the fact that the patient had previously taken treatment of a specialist in speech defects without appreciable benefit.

4. Different Forms of Transference.—Stekel emphasizes the importance to the psycho-analyst of recognizing the phenomenon of "transference" as soon as exhibited in a psycho-analytic treatment. He describes and illustrates briefly the most frequent forms which this transference takes and also mentions some of the more unusual kinds, as, transference to members of the physician's household and even to animals and objects of the same, as dogs, pictures, the dwelling

itself, etc. He also calls attention to the fact that transference may take place toward persons within the patient's own household, which requires the physician to keep a sharp lookout in all directions for this psychological phenomenon, since, for the success of the treatment, it must be at once recognized and dissolved as rapidly as circumstances permit.

5. Concerning "Directed" Dreams.—A brief discussion of certain peculiar dreams occurring at the time of awakening when the dreamer, wishing to stay asleep, seems able to guide his dreams to some extent, thus creating pretexts for not arising.

6. Two Interesting Cases of Mistakes in Speech (Versprechen).— Two excellent examples of the results of unconscious motives such as Freud has gathered in his "Psychopathology of Everyday Life."

7. The Mountain as Symbol.—Maeder cites a case in which mountain was used symbolically in the same way as by the old anatomists, viz., mons veneris.

8. Infantile Sexuality.-Citation of one case of a two-year-old boy.

(Vol. II, No. 2)

- I. The Theory of the Freudian School. HAVELOCK ELLIS.
- Discussion of the Genesis of the Delusion of Jealousy. Hans Oppenheim.
- 3. Divination and Psycho-Analysis. Herbert Silberer.
- 1. Theory of the Freudian School.—This well-known English investigator of the subject of sex briefly traces in this article the history of Freud's work and writings and sketches their fundamental principles. He pays a handsome tribute to Professor Freud as a man of genius who has contributed greatly to the understanding of the psychoneuroses and psychopathology in general and who has given us in psycho-analysis a new method of far reaching usefulness in investigating these and allied subjects.
- 2. Genesis of the Delusion of Jealousy.—Oppenheim calls attention to the frequency with which this delusion is encountered in alcoholism and in the course of various psychoses. He discusses the peculiarities of the delusion as to time and manner of appearance, duration, etc., and shows how all of these point to the fact that its roots are to be found not in the intellectual sphere but rather in the instinctive and further that the instinct involved is the instinct of sex. He refers briefly to the explanations of its origin given in the literature and finds these inadequate to explain the essence of the phe-

nomenon. Having given his reasons for attributing the origin of the delusion to the sexual instinct, he proceeds to describe more in detail how this comes about. He finds two tendencies active in creating the delusion: first, a polygamous (or polyandric) tendency, and second, a sadistic or sometimes combined sadistic-masochistic tendency. The former being repressed leads to transference of the patient's own repressed (unconscious) desires and feeling of guilt to his wife, i. e., projection upon her of his own repressed wishes. The second or sadistic component accounts for many of the peculiarities of the delusion. A prerequisite for the development of this delusion is a very strong libido. The author sums up his article in these words: "Thus the delusion of jealousy results as an end-product of unconscious mental processes, the most important roots of which we find in the sadistic-masochistic instinctive forces and in a peculiar feeling of guilt in the individual."

3. Divination and Psycho-Analysis.—Silberer describes briefly the commonest methods formerly employed by priests, soothsayers, oracles and others to ascertain future events. In these, he finds two ways in which indefinite elements entered into the calculations, one when the chance depended on the forces of nature and another when the results depended on various involuntary acts of the person used as a medium, usually a boy, a virgin or a pregnant woman. In the latter class of cases in which there is plainly an opportunity for unconscious mental processes to enter in, the author finds an interesting field for psychoanalytic investigation. He says he has carried out such an investigation to some extent but not sufficiently far to justify publishing the results. He promises to give in a later article a description of his experiments.

(Vol. 2, No. 3)

- I. Management of Dream Analysis in Psycho-Analysis. Sigmund Freud.
- An Infantile Sexual Theory and its Relation to the Symbolism of Suicide. Rudolf Reitler.
- Analysis of a Dream of a Five-and-One-Half-Year-Old Boy. H. HELLMUTH.
- I. Management of Dream Analysis.—In this little article, Freud gives some practical suggestions for analyzing dreams during the course of a psycho-analysis. When dreams are reported in such abundance that they cannot be analyzed during the consultation hour, he recommends that the analyst take up the new dreams related each day regardless of whether or not the analyses of the dreams of the

preceding day have been completed. This keeps the analyst in closer touch with the general progress of the case and prevents an accumulation of dreams which might block the work. In other words the analyst keeps better oriented regarding the complexes and resistances acting in the patient's mind. He points out further that by this method nothing of value from the unconscious is really lost, since the active pathogenic material continually reasserts itself in different forms and scenes.

Freud also condemns as superfluous the practice of urging the patient to write down his dreams as soon as appreciated; he says that this procedure serves to disturb the patient's sleep, makes him unduly solicitous about dreaming and often fails of its purpose by presenting a written text to which no associations will come when it is considered later.

2. Infantile Sexual Theory and Symbolism of Suicide.—Reitler reports the case of an unmarried woman of forty-two favorably influenced by psycho-analysis who presented the following symptoms:
(1) Frequency of urination so excessive as to almost prevent patient from mingling in society; (2) excessive obsessional onanism; (3) a prolonged and obstinate insomnia which caused the greatest subjective disturbance. The report deals mostly with the latter symptom. Besides tracing the origin of the insomnia to the repression of a curious infantile sexual theory, the author shows the connection between these phantasies and the suicidal phantasies of later adult life. The case is interesting both from a therapeutic and a psycho-analytic standpoint,

3. Analysis of a Small Boy's Dream.—This little analysis is a contribution to the subject of the development of psychoneurotic symptoms in children which was so much elucidated by Freud in his "Analysis of a Phobia in a Five-Year-Old Boy."

CORRESPONDENCE

LETTER FROM DOCTOR JUNG

It is most welcome news to learn of Doctors Jelliffe and White's foundation of a broadly planned journal, which aims at the compilation of general psychological literature, and which therefore may be expected to fill a gap that the existing forms of psychology have rendered painfully evident. Each of these forms deals with a special domain, such as philosophical psychology, which is largely transcendental, experimental or physiological psychology, which has been accused, not without cause, of being physiology rather than psychology, and medical psychology, which through the psychoanalytical method of Freud has now come to encroach freely upon the domain of normal psychology. The complex psychic phenomena are left practically unexplained by the first two forms of psychology, whereas the psychoanalytical method of medical psychology has started a line of inquiry which would seem to have a general range of application.

Two problems in particular are adapted to exert an activating effect upon normal psychology. One of these is the recently elaborated dynamic interpretation of the psychological experience, which endeavors to explain the psychic manifestations as equivalent energy transformations. The other problem is represented by symbolism, which comprises the structural analogy of the intellectual functions, in their onto- and phylogenetic evolution. Medical psychology naturally came closest to these problems, as being most likely to observe, examine and analyze the mode or origin of powerful affects or extraordinary psychic structures. The delusional structures of the insane; the illusions of the neurotic; and the dreams of normal as well as abnormal individuals have also afforded abundant opportunities for studying the remarkable analogies with certain ethnological structures.

In my paper on the "Changes and Symbols of the Libido," a faint attempt has been made at sketching these relations, not in order to propound a finished theory, which would be beyond me, but simply to stimulate further research in a direction which appears extremely promising. It is beyond the powers of the individual, more particularly of physicians, to master the manifold domains of the mental sciences which should throw some light upon the comparative anatomy of the mind. Hence I welcome as a most opportune plan the idea of

the editors to unite in their journal the contributions of competent specialists in the various fields. We need not only the work of medical psychologists, but also that of philologists, historians, archeologists, mythologists, folklore students, ethnologists, philosophers, theologians,

pedagogues and biologists.

I am free to admit that this enterprise is ambitious and highly creditable to the liberal and progressive spirit of America. The collection of comparative material, to place on a firmer footing the available results of medical psychology, is an inviting task for the near future. Especially in the realm of symbolism, a wide territory is here opened up for students of the several mythologies and religions. Another task is set in the transference of the dynamic interpretation to the problems of the history of culture. The collaboration of all these forces points towards the distant goal of a genetic psychology, which will clear our eyes for medical psychology, just as comparative anatomy has already done in regard to the structure and function of the human body.

I wish the best of success to this new venture and trust that it will not fail to arouse an active interest also on the part of the non-medical faculties.

C. G. Jung

BOOK REVIEWS

THE MODERN TREATMENT OF NERVOUS AND MENTAL DISEASES: Edited by William A. White and Smith Ely Jelliffe. Published by Lea and Febiger, Philadelphia. Two volumes; pages 1683; price \$12 net.

This work marks a distinctive point in the literature of nervous and mental diseases. Neurology for many years had been stagnant, simply growing by accretions of new facts and not being revitalized by new viewpoints. The same thing was true, until a few years ago, of psychiatry, which was the most backward field in medicine, but which is now one of the most progressive. Under the influence of a comparatively few workers in neurology our fundamental concepts of the central nervous system are being slowly remodeled. Under the influence of many workers in psychiatry this whole branch of medicine has suddenly sprung to the fore-front of medical progress, and in the past ten years has developed a literature bewildering both in its complexity and in its quantity. Up to the present time no modern work in either one of these departments of medicine has adequately presented the results of this progress, except in so far as they applied to some relatively circumscribed problem. The present work is not only an effort to place at the disposal of the reader the recent accomplishments in these departments of medicine, but it is a further effort, and in this it is also distinctive, to place these newer facts before the reader with the object in view of serving as indications for therapeutic attack in individual problems.

The question of treatment in many nervous and most mental diseases has always been viewed from the standpoint of a profound pessimism. Nervous and mental diseases seemed, more than any other types, to be the very expressions of fate itself. It is the object of these volumes to combat this pessimism and to indicate lines of hopefulness which are too frequently lost sight of in the laissez faire

attitude usually assumed towards these cases.

In considering the problem of treatment it is significant that the individual patient is no longer regarded as merely an empty shell. In this new work disease is not considered from the old-time standpoint that harks back to the middle ages, namely as something which armed cap a pie invades the organism from without, but is viewed as the result of the interaction between the organism and some inimical agency or agencies. The patient is considered not only as a biologi-

cal, but as a social unit, and it is realized that disease, far from being necessarily an individual problem, may have its roots in the social fabric. The problem of therapeutics is therefore attacked at all levels,—at the lowest physical level, it is reached typically through surgery; at the higher biochemical levels results may be secured by the use of drugs and by gland and sero-therapy; while at the psychological level psychoanalysis is the sharpest cutting tool, and at the still higher social level there come the instruments of law, of education, and of eugenics. Prophylaxis is constantly kept in mind, and means of prevention are discussed with reference to the various types of disease considered.

This new work is a comprehensive attempt to place before the reader a therapeutics of nervous and mental diseases considered in its broadest aspect. Such an attempt at this critical period in the history of neurology and psychiatry was necessarily fraught with great difficulties. This work has succeeded in dealing with these difficulties in a highly efficient way, and will undoubtedly stand for some years to come as containing the most authoritative utterances in this department of medicine.

Freud's Theories of the Neuroses. By Dr. Eduard Hitschmann. Translated by Dr. C. R. Payne. Nervous and Mental Disease Monograph Series. No. 17. \$2.00. New York.

For one who would gain a rounded and coherent and at the same time intelligible view of the fundamentals of the Freudian psychology this work of Hitschmann's is to be recommended. It is the only work of its kind in any language and in its English translation, fortunately very well rendered, puts the reader in touch with the most original and penetrating ideas of the past decade. These relate not only to the psychoneuroses and psychoses but are ideas destined to play a large rôle in the interpretation of the development of thought and culture throughout the centuries.

Notice.—All manuscript should be sent to Dr. William A. White, Government Hospital for the Insane, Washington, D. C.

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